| Fill in this information to identify your case:    |                               |                                 |
|--|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:            |                               |                                 |
| EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) | -                             |                                 |
| Case number (if known)                             | Chapter you are filing under: |                                 |
|  | Chapter 7                     |                                 |
|  | ☐ Chapter 11                  |                                 |
|  | ☐ Chapter 12                  |                                 |
|  | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued   | Dane                                     | Alicia  |
|     | picture identification (for  | First name                               | First name                                    |
|     | example, your driver's license or passport).   | Massenburg                               | <br>Lynette                                   |
|     | ,  | Middle name                              | Middle name                                   |
|     | Bring your picture identification to your  | Williams                                 | <br>Williams                                  |
|     | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |  |  |   |
| 2.  | All other names you have used in the last 8 years  |  | Alicia Lynette Ruffin                         |
|     | Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-4815                              | xxx-xx-8264                                   |
|     |  |  |   |

## Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 2 of 66

Debtor 1 Dane Massenburg Williams
Debtor 2 Alicia Lynette Williams
Case number (if known)

|   |                | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|---|----------------|---|---|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names |                | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |
| 5.  | Where you live | 195 Clubhouse Drive Youngsville, NC 27596 Number, Street, City, State & ZIP Code  | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code   |  |  |
|   |                | Franklin County   | County  |  |  |
|   |                | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|   |                | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| this district to file for bankruptcy  |                | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |

Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 3 of 66

|     | otor 2  |  |   |  | _                                  | Case                                  | number (if known)                                 |  |
|-----|---|--|---|--|------------------------------------|---------------------------------------|---|--|
| Par | t 2: Tell the Court About   | ∕our Bankrup   | tcy Cas                                     | se   |                                    |                                       |   |  |
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy |   |  |                                    |                                       |   |  |
|     | choosing to file under  | ■ Chapter 7  | 7   |  |                                    |                                       |   |  |
|     |   | ☐ Chapter  | 11  |  |                                    |                                       |   |  |
|     |   | ☐ Chapter  | 12  |  |                                    |                                       |   |  |
|     |   | ☐ Chapter  | 13  |  |                                    |                                       |   |  |
| 8.  | How you will pay the fee  | about order. a pre-p   | how you<br>If your a<br>printed a<br>to pay | entire fee when I file my per<br>u may pay. Typically, if you ar<br>attorney is submitting your paraddress.<br>the fee in installments. If you                       | e paying yment or                  | the fee yourself<br>your behalf, you  | you may pay with cash<br>ur attorney may pay with | n, cashier's check, or money<br>h a credit card or check with    |
|     |   | l reque<br>but is r<br>applies   | est that<br>not requ<br>s to you            | e in Installments (Official Form<br>my fee be waived (You may<br>ired to, waive your fee, and n<br>r family size and you are unal<br>in to Have the Chapter 7 Filing | request<br>nay do so<br>ble to pay | only if your inco<br>the fee in insta | ome is less than 150% of liments). If you choose  | of the official poverty line that this option, you must fill out |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | □ No. ■ Yes.   |   |  |                                    |                                       |   |  |
|     |   | D  | istrict                                     | Middle District, North Carolina  | When                               | 4/30/12                               | Case number                                       | 12-80637   |
|     |   | D  | istrict                                     |  | -<br>When                          |                                       | Case number                                       |  |
|     |   | D  | istrict                                     |  | When                               |                                       | Case number                                       |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ No<br>□ Yes.   |   |  |                                    |                                       |   |  |
|     |   | D  | ebtor                                       |  |                                    |                                       | Relationship to y                                 | /ou  |
|     |   | D  | istrict                                     |  | When                               |                                       | Case number, if                                   | known  |
|     |   |  | ebtor                                       |  |                                    |                                       | Relationship to y                                 |  |
|     |   | D  | istrict                                     |  | When                               |                                       | Case number, if                                   | known  |
| 11. | Do you rent your residence?   | ■ No.  | Go to lir                                   | ne 12.   |                                    |                                       |   |  |
|     | i coluciice :   | ☐ Yes.   | Has you                                     | ur landlord obtained an eviction   | on judgm                           | ent against you?                      |   |  |
|     |   |  |   | No. Go to line 12.   |                                    |                                       |   |  |
|     |   |  |   | Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.   | About ar                           | Eviction Judgm                        | ent Against You (Form                             | 101A) and file it as part of                                     |

#### Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 4 of 66 **Dane Massenburg Williams** Debtor 1 Debtor 2 Alicia Lynette Williams Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No

#### Part 4:

property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

|   | ٠ | •0. |  |
|---|---|-----|--|
|   |   |     |  |
|   |   |     |  |
| _ |   |     |  |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 5 of 66 **Dane Massenburg Williams** Debtor 1 Debtor 2 **Alicia Lynette Williams** Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one. you have received a I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I filed counseling. filed this bankruptcy petition, and I received a this bankruptcy petition, and I received a certificate of certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check one of the following counseling agency within the 180 days before I counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have this bankruptcy petition, but I do not have a certificate choices. If you cannot do a certificate of completion. so, you are not eligible to of completion. file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services you paid, and your from an approved agency, but was unable to obtain services from an approved agency, but was creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. request, and exigent circumstances merit a 30-day days after I made my request, and exigent circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the attach a separate sheet explaining what efforts you made requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances Your case may be dismissed if the court is dissatisfied required you to file this case. with your reasons for not receiving a briefing before you Your case may be dismissed if the court is filed for bankruptcy. dissatisfied with your reasons for not receiving a If the court is satisfied with your reasons, you must still briefing before you filed for bankruptcy. receive a briefing within 30 days after you file. You must If the court is satisfied with your reasons, you must file a certificate from the approved agency, along with a still receive a briefing within 30 days after you file. copy of the payment plan you developed, if any. If you do You must file a certificate from the approved not do so, your case may be dismissed. agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case Any extension of the 30-day deadline is granted only for may be dismissed. cause and is limited to a maximum of 15 days. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about I am not required to receive a briefing about credit credit counseling because of: counseling because of: ☐ Incapacity. Incapacity. I have a mental illness or a mental deficiency I have a mental illness or a mental deficiency that that makes me incapable of realizing or makes me incapable of realizing or making rational making rational decisions about finances. decisions about finances. Disability. Disability. My physical disability causes me to be My physical disability causes me to be unable to unable to participate in a briefing in person, participate in a briefing in person, by phone, or by phone, or through the internet, even after I through the internet, even after I reasonably tried to reasonably tried to do so. do so. Active duty. Active duty. 

I am currently on active military duty in a

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

military combat zone.

I am currently on active military duty in a military

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver

combat zone.

of credit counseling with the court.

## Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 6 of 66

|      | tor 1 Dane Massenburg  |   | s  |   | Case nu                        | umber (if known)                                 |                                  |  |
|------|--|---|--|---|--------------------------------|--|----------------------------------|--|
| Part | 6: Answer These Questi   | ions for R  | eporting Purposes  |   |                                |  |                                  |  |
| 16.  | What kind of debts do you have?                                | 16a.  | Are your debts primarily consun individual primarily for a personal,   |   |                                | e defined in 11 U.S.C. § 101(8) as               | "incurred by an                  |  |
|      | •  |   | ☐ No. Go to line 16b.  | •   |                                |  |                                  |  |
|      |  |   | Yes. Go to line 17.  |   |                                |  |                                  |  |
|      |  | 16b.  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |                                |  |                                  |  |
|      |  |   | ☐ No. Go to line 16c.  |   |                                |  |                                  |  |
|      |  |   | ☐ Yes. Go to line 17.  |   |                                |  |                                  |  |
|      |  | 16c.  | State the type of debts you owe that   | at are not consun   | ner debts or bus               | siness debts                                     |                                  |  |
| 17.  | Are you filing under<br>Chapter 7?                             | □ No.   | I am not filing under Chapter 7. Go  | to line 18.   |                                |  |                                  |  |
|      | Do you estimate that after any exempt property is excluded and | ■ Yes.  |  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |                                |  |                                  |  |
|      | administrative expenses are paid that funds will               |   | No   | ■ No  |                                |  |                                  |  |
|      | be available for distribution to unsecured creditors?          |   | □ Yes  |   |                                |  |                                  |  |
| 18.  | How many Creditors do  | <b>1</b> -49                                      |  | <b>1</b> ,000-5,000   |                                | □ 25,001-50,000                                  |                                  |  |
|      | you estimate that you owe?                                     | □ 50-99   |  | ☐ 5001-10,000   |                                | ☐ 50,001-100,000                                 |                                  |  |
|      |  | ☐ 100-1<br>☐ 200-9                                |  | □ 10,001-25,000   |                                | ☐ More than100,000                               | ☐ More than 100,000              |  |
| 19.  | How much do you  | □ \$0 - \$  | 550,000  | □ \$1,000,001 -   | \$10 million                   | □ \$500,000,001 - \$1 b                          | illion                           |  |
|      | estimate your assets to be worth?                              |   | 01 - \$100,000   | □ \$10,000,001 - \$50 million   |                                |  | □ \$1,000,000,001 - \$10 billion |  |
|      | <b>30 m3</b> m3  | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million |  | □ \$50,000,001<br>□ \$100,000,00  |                                | ☐ \$10,000,000,001 - \$ ☐ More than \$50 billion |                                  |  |
| 20.  | How much do you  | □ \$0 - \$  | 550,000  | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million  |                                | □ \$500,000,001 - \$1 b                          | illion                           |  |
|      | estimate your liabilities to be?                               |   | 001 - \$100,000  |   |                                | \$1,000,000,001 - \$ <sup>2</sup>                |                                  |  |
|      |  |   | 001 - \$500,000<br>001 - \$1 million   | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million  |                                | _ ' ' ' '  |                                  |  |
| Part | 7: Sign Below  |   |  |   |                                |  |                                  |  |
| For  | you  | I have ex   | camined this petition, and I declare u   | inder penalty of p  | erjury that the i              | information provided is true and co              | rrect.                           |  |
|      |  |   | chosen to file under Chapter 7, I am tates Code. I understand the relief a   |   |                                |  |                                  |  |
|      |  |   | orney represents me and I did not pa<br>nt, I have obtained and read the notice  |   |                                |  | ıt this                          |  |
|      |  | I request   | relief in accordance with the chapte   | er of title 11, Unite   | ed States Code,                | , specified in this petition.                    |                                  |  |
|      |  |   | and making a false statement, conc<br>cy case can result in fines up to \$25<br>1.   |   |                                |  |                                  |  |
|      |  |   | e Massenburg Williams  |   |                                | rnette Williams                                  |                                  |  |
|      |  |   | lassenburg Williams<br>e of Debtor 1   |   | Alicia Lynet<br>Signature of D |  |                                  |  |
|      |  | Executed  | d on June 13, 2019   |   | Executed on                    | June 13, 2019                                    |                                  |  |
|      |  | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           | MM / DD / YYYY   |   |                                | MM / DD / YYYY                                   |                                  |  |
|      |  |   |  |   |                                |  |                                  |  |

## Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 7 of 66

| Debtor 1 Dane Massenburg Williams Debtor 2 Alicia Lynette Williams |  |  | Case number (if known)                             |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|  | attorney, if you are<br>ted by one                     | I, the attorney for the debtor(s) named in this petition, under Chapter 7, 11, 12, or 13 of title 11, United States for which the person is eligible. I also certify that I have | Code, and have e                                   | xplained the relief available under each chapter |  |  |
|  | e not represented by<br>ey, you do not need<br>s page. | and, in a case in which § 707(b)(4)(D) applies, certify the schedules filed with the petition is incorrect.  | ledge after an inquiry that the information in the |  |  |  |
|  |  | /s/ R. Lee Roland for LOJTO  | Date   | June 13, 2019                                    |  |  |
|  |  | Signature of Attorney for Debtor   |  | MM / DD / YYYY                                   |  |  |
|  |  | R. Lee Roland for LOJTO 41930  |  |  |  |  |
|  |  | Printed name   |  |  |  |  |
|  |  | The Law Offices of John T. Orcutt, PC  |  |  |  |  |
|  |  | Firm name  |  |  |  |  |
|  |  | 6616-203 Six Forks Road  |  |  |  |  |
|  |  | Raleigh, NC 27615  Number, Street, City, State & ZIP Code  |  |  |  |  |
|  |  | Contact phone (919) 847-9750   | Email address                                      | postlegal@johnorcutt.com                         |  |  |
|  |  | 41930 NC   |  |  |  |  |
|  |  | Bar number & State   |  |  |  |  |

| Fill in this info                           | rmation to identify your                       | case:                                      |   |  |   |
|---|--|--|---|--|---|
| Debtor 1                                    | Dane Massenbur                                 | g Williams                                 |   |  |   |
|   | First Name                                     | Middle Name                                | Last Name   |  |   |
| Debtor 2<br>(Spouse if, filing)             | Alicia Lynette Wi                              | Iliams  Middle Name                        | Last Name   |  |   |
|   | ankruptcy Court for the:                       |  | NORTH CAROLINA (NC  |  |   |
|   | , ,  |  |   |  |   |
| Case number<br>(if known)                   |  |  |   | _  | Check if this is an amended filing                    |
| Be as complete information. If              | t of Financial A                               | ole. If two married people a               | duals Filing for B<br>are filing together, both are<br>this form. On the top of an          | equally responsible for su                 |   |
|   |  | ital Status and Where You                  | Lived Before  |  |   |
| 1. What is yo                               | ur current marital status                      | <b>5?</b>                                  |   |  |   |
| <ul><li>■ Marrie</li><li>□ Not ma</li></ul> | -  |  |   |  |   |
| □ No  | • , •  | ived anywhere other than                   | ·   |  |   |
|   | ist all of the places you liver in the places. | Dates Debtor 1                             | ot include where you live now  Debtor 2 Prior Ad  |  | Dates Debtor 2  |
|   | dington Drive<br>e, NC 27571                   | lived there<br>From-To:<br>08/2014-10/20   | Same as Debtor  | 1  | lived there  ■ Same as Debtor 1 From-To:              |
|   |  |  | gal equivalent in a commun<br>vada, New Mexico, Puerto R                                    |  |   |
| ■ No<br>□ Yes. M                            | Make sure you fill out Sche                    | edule H: Your Codebtors (O                 | fficial Form 106H).   |  |   |
| Part 2 Expla                                | ain the Sources of Your                        | Income                                     |   |  |   |
| Fill in the to                              | tal amount of income you                       | received from all jobs and                 | ng a business during this yeall businesses, including parter together, list it only once ur | -time activities.                          | endar years?  |
| □ No  |  |  |   |  |   |
|   | fill in the details.                           |  |   |  |   |
|   | aro dotallo.                                   |  |   |  |   |
|   |  | Debtor 1                                   |   | Debtor 2                                   |   |
|   |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |

Official Form 107

## Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 9 of 66

**Dane Massenburg Williams** Debtor 1 Debtor 2 Alicia Lynette Williams Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) From January 1 of current year until \$10,875.93 \$0.00 ■ Wages, commissions, Wages, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For last calendar year: \$141,096.46 \$34,999.54 Wages, commissions. Wages, commissions. (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$28,000.00 \$130,000.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ No Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until \$0.00 Adoption \$75.206.00 the date you filed for bankruptcy: Assistance/Foster Care Assistance/IBM 401k/Contribution for **Car Payment** For last calendar year: \$0.00 Adoption \$13,212.00 (January 1 to December 31, 2018) Assistance/Foster Assistance/Contributi on for Car Payment For the calendar year before that: \$0.00 \$12,012.00 Adoption (January 1 to December 31, 2017) Assistance/Contributi ons for Car Payment Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?  $\square$  No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Official Form 107

|     | otor 1 Dane Massenburg Williams otor 2 Alicia Lynette Williams  |   | Cas  | se number (if known)                       |   |  |
|-----|---|---|--|--|---|--|
|     | Yes. Debtor 1 or Debtor 2 or both har During the 90 days before you file  |   |  | al of \$600 or more?                       | ,   |  |
|     | □ No. Go to line 7.   |   |  |  |   |  |
|     | Yes List below each credit  | tor to whom you paid a total domestic support obligation ruptcy case. |  |  |   |  |
|     | Creditor's Name and Address   | Dates of payment  | Total amount paid                                | Amount you still owe                       | Was this p  | ayment for   |
|     | Paid ordinary payments, in part, on bills and loans.  |   | \$0.00   | \$0.00                                     | ☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplier ☐ Other | ard<br>epayment<br>s or vendors                      |
| 7.  | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen<br>a control, or owner of 20% o         | eral partners; partner<br>r more of their voting | erships of which yo<br>g securities; and a | u are a gener<br>ny managing                            | al partner; corporations<br>agent, including one for |
|     | No  |   |  |  |   |  |
|     | Yes. List all payments to an insider.   |   |  |  |   |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                                | Amount you still owe                       | Reason fo   | r this payment                                       |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No  |   | ments or transfer a                              | any property on a                          | ccount of a c   | lebt that benefited an                               |
|     | Yes. List all payments to an insider  | D-1   | T-1-1-1  | <b>A .</b>                                 | D (-  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                                | Amount you still owe                       |   | r this payment<br>ditor's name                       |
| Par | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures  |  |  |   |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No  | cy, were you a party in an  |  |  |   |  |
|     | Yes. Fill in the details.   |   |  |  |   |  |
|     | Case title Case number  | Nature of the case  | Court or agency                                  |  | Status of t   | he case  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  |   | erty repossessed, f                              | oreclosed, garnis                          | hed, attache  | d, seized, or levied?                                |
|     | No. Go to line 11.  Yes. Fill in the information below.   |   |  |  |   |  |
|     | Creditor Name and Address   | Describe the Property   |  | Date                                       |   | Value of the   |
|     |   | Explain what happened   | 1  | - 3.0                                      |   | property   |

|     | btor 2 Alicia Lynette Willia                                  |                       | Case number   | (if known)                      |                         |
|-----|---|-----------------------|---|---------------------------------|-------------------------|
| 11. | Within 90 days before you file accounts or refuse to make a   |                       | r, did any creditor, including a bank or financial in<br>e you owed a debt?   | nstitution, set off any a       | amounts from your       |
|     | ■ No  |                       |   |                                 |                         |
|     | Yes. Fill in the details.                                     |                       |   | D ( //                          |                         |
|     | Creditor Name and Address                                     | D                     | escribe the action the creditor took  | Date action was<br>taken        | Amount                  |
| 12. | Within 1 year before you filed court-appointed receiver, a co |                       | was any of your property in the possession of an<br>her official?   | assignee for the bene           | efit of creditors, a    |
|     | ■ No  |                       |   |                                 |                         |
|     | ☐ Yes   |                       |   |                                 |                         |
| Par | rt 5: List Certain Gifts and C                                | ontributions          |   |                                 |                         |
| 13. | _   | d for bankruptcy      | , did you give any gifts with a total value of more   | than \$600 per person           | ?                       |
|     | <ul><li>No</li><li>Yes. Fill in the details for e</li></ul>   | asch gift             |   |                                 |                         |
|     | Gifts with a total value of mo                                |                       | Describe the gifts  | Dates you gave                  | Value                   |
|     | per person  | ne man 4000           | bescribe the gifts  | the gifts                       | value                   |
|     | Person to Whom You Gave t Address:                            | he Gift and           |   |                                 |                         |
| 14. | Within 2 years before you file  No                            | d for bankruptcy      | did you give any gifts or contributions with a to   | tal value of more than          | \$600 to any charity?   |
|     | Yes. Fill in the details for e                                | each gift or contribu | ition   |                                 |                         |
|     | Gifts or contributions to cha                                 | -                     | Describe what you contributed   | Dates you                       | Value                   |
|     | more than \$600   | THICS that total      | besonibe what you contributed   | contributed                     | Value                   |
|     | Charity's Name<br>Address (Number, Street, City, Stat         | te and ZIP Code)      |   |                                 |                         |
| Par | rt 6: List Certain Losses                                     |                       |   |                                 |                         |
| 15. | Within 1 year before you filed or gambling?                   | for bankruptcy o      | or since you filed for bankruptcy, did you lose an  | ything because of the           | t, fire, other disaster |
|     | ■ No  |                       |   |                                 |                         |
|     | ☐ Yes. Fill in the details.                                   |                       |   |                                 |                         |
|     | Describe the property you lo                                  | st and Desc           | ribe any insurance coverage for the loss  | Date of your                    | Value of property       |
|     | how the loss occurred   | Inclu                 | de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.                                     | loss                            | lost                    |
| Par | rt 7: List Certain Payments of                                |                       | and dame on the cook do do notatio 772. I reports.  |                                 |                         |
|     | -   |                       |   |                                 |                         |
| 16. | consulted about seeking ban                                   | kruptcy or prepar     | did you or anyone else acting on your behalf pay<br>ring a bankruptcy petition?<br>ers, or credit counseling agencies for services requir |                                 | rty to anyone you       |
|     | □ No  |                       |   |                                 |                         |
|     | <ul><li>☐ No</li><li>☐ Yes. Fill in the details.</li></ul>    |                       |   |                                 |                         |
|     |   |                       | Description and value of any property   | Data marimant                   | A was a sum to a f      |
|     | Person Who Was Paid<br>Address                                |                       | Description and value of any property transferred   | Date payment<br>or transfer was | Amount of payment       |
|     | Email or website address<br>Person Who Made the Paym          | ent. if Not You       |   | made                            |                         |
|     | The Law Offices of John                                       |                       | \$1,390.00 Attorney Fee   | 05/21/2019                      | \$1,775.00              |
|     | 6616-203 Six Forks Road                                       |                       | \$335.00 Filing Fee   | -                               | . ,                     |
|     | Raleigh, NC 27615   |                       | \$20.00 Credit Report Fee   |                                 |                         |
|     |   |                       | \$20.00 Judgment Search Fee<br>\$10.00 Pacer Search Fee   |                                 |                         |

|     | otor 2 Dane Massenburg Williams Alicia Lynette Williams   |  | Case   | number (if known)  |   |  |  |  |  |  |
|-----|---|--|--|--|---|--|--|--|--|--|
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo  | transferred  | value of any property  | Date payment or transfer was made  | Amount of payment                             |  |  |  |  |  |
|     | DECAF<br>112 Goliad Street<br>Benbrook, TX 76126-2009   |  | Counseling Certifica<br>Education Financia                   |  | \$30.00                                       |  |  |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16. |  |  |  |   |  |  |  |  |  |
|     | ■ No  |  |  |  |   |  |  |  |  |  |
|     | Yes. Fill in the details.   |  |  |  |   |  |  |  |  |  |
|     | Person Who Was Paid<br>Address  | Description and transferred                            | Date payment or transfer was made                            | Amount of payment  |   |  |  |  |  |  |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers r include gifts and transfers that you have alreated No  Yes. Fill in the details.   | business or financial aff<br>made as security (such as | fairs?<br>the granting of a secur                            |  |   |  |  |  |  |  |
|     | Person Who Received Transfer Address  | Description and property transfer                      | rred p   | Describe any property or ayments received or debts aid in exchange                                   | Date transfer was made                        |  |  |  |  |  |
| 19. | Person's relationship to you  Within 10 years before you filed for bankru beneficiary? (These are often called asset-p  ■ No □ Yes. Fill in the details.  Name of trust   | rotection devices.)                                    | ny property to a self-s                                      |  | of which you are a  Date Transfer was         |  |  |  |  |  |
|     |   |  |  |  | made  |  |  |  |  |  |
| Par | t 8: List of Certain Financial Accounts, I  | nstruments, Safe Depos                                 | it Boxes, and Storage  | Units  |   |  |  |  |  |  |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No  Yes. Fill in the details.   | or other financial accou                               | ınts; certificates of de                                     | •  |   |  |  |  |  |  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number                        | Type of account or instrument                                | Date account was closed, sold, moved, or transferred   | Last balance<br>before closing or<br>transfer |  |  |  |  |  |
|     | IBM   | XXXX-  | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ■ Other 401k | 01/2019 *Co-Debtor no longer working so used the money to pay living expenses and bills each month.* | \$60,000.00                                   |  |  |  |  |  |

|      | tor 2 Alicia Lynette Williams   |  |  | Case number (if known)                                    |                  |   |
|------|---|--|--|---|------------------|---|
|      | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number                                    | Type of account instrument                                       | Int or Date acco<br>closed, so<br>moved, or<br>transferre | old,             | Last balance<br>before closing or<br>transfer |
|      | State Employees' Credit Union**** Post Office Box 28540 Raleigh, NC 27611-8540  | XXXX-  | ☐ Checking ☐ Savings ☐ Money Mar ☐ Brokerage ☐ Other Check vings | money to<br>account.                                      | new              | \$3,500.00                                    |
|      | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed f  | or bankruptcy, ar  | ny safe deposit box on                                    | other deposit    | ory for securities,                           |
|      | ■ No  |  |  |   |                  |   |
|      | Yes. Fill in the details.   |  |  |   |                  |   |
|      | Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Who else had access Address (Number, Street, State and ZIP Code) |  |  | Describe the content                                      | s                | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit o  | or place other than yo   | ur home within 1   | year before you filed                                     | for bankruptcy   | /?  |
|      | No  |  |  |   |                  |   |
|      | Yes. Fill in the details.   |  |  |   |                  |   |
|      | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has o<br>to it?<br>Address (Number<br>State and ZIP Code) |  | Describe the content                                      | s                | Do you still have it?                         |
| Pari | 9: Identify Property You Hold or Control  | for Someone Else   |  |   |                  |   |
|      | Do you hold or control any property that so for someone.  No Yes. Fill in the details.  | meone else owns? In  | clude any properi  | y you borrowed from                                       | , are storing fo | or, or hold in trust                          |
|      | Owner's Name Address (Number, Street, City, State and ZIP Code)   | Where is the pre<br>(Number, Street, City<br>Code)                 |  | Describe the propert                                      | у                | Value   |
| Pari | 10: Give Details About Environmental Info   | ormation   |  |   |                  |   |
|      | he purpose of Part 10, the following definiti   |  |  |   |                  |   |
|      | Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these              | ne air, land, soil, surfa  | ice water, ground  | • •   |                  |   |
|      | Site means any location, facility, or property to own, operate, or utilize it, including dispose  |  | y environmental l  | aw, whether you now                                       | own, operate,    | or utilize it or used                         |
|      | Hazardous material means anything an env hazardous material, pollutant, contaminant,  |  | s as a hazardous   | waste, hazardous su                                       | bstance, toxic   | substance,                                    |
| Repo | ort all notices, releases, and proceedings the  | at you know about, re  | gardless of when   | they occurred.  |                  |   |
| 24.  | Has any governmental unit notified you that   | you may be liable or   | potentially liable   | under or in violation                                     | of an environm   | nental law?                                   |
|      | ■ No  |  |  |   |                  |   |
|      | Yes. Fill in the details.   |  |  |   |                  |   |
|      | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental L<br>Address (Number<br>ZIP Code)                     | unit<br>, Street, City, State and                                | Environmental la know it                                  | w, if you        | Date of notice                                |

| or 2 Alicia Lynette Williams   |   | Case number (if known)   |   |  |  |  |
|--|---|--|---|--|--|--|
| Have you notified any governmental unit of an  | y release of hazardous material?  |  |   |  |  |  |
|  |   |  |   |  |  |  |
| Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)  | Environmental law, if you know it  | Date of notice  |  |  |  |
| Have you been a party in any judicial or admin   | nistrative proceeding under any envi  | ironmental law? Include settlements a  | nd orders.  |  |  |  |
| ■ No □ Yes. Fill in the details.   |   |  |   |  |  |  |
| Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case   | Status of the case  |  |  |  |
| 11: Give Details About Your Business or Co   | nnections to Any Business   |  |   |  |  |  |
| Within 4 years before you filed for bankruptcy   | , did you own a business or have an   | ny of the following connections to any   | business?   |  |  |  |
| ☐ A sole proprietor or self-employed in a  | trade, profession, or other activity,   | either full-time or part-time  |   |  |  |  |
| ☐ A member of a limited liability compan   | y (LLC) or limited liability partnersh  | ip (LLP)   |   |  |  |  |
| ☐ A partner in a partnership   |   |  |   |  |  |  |
| ☐ An officer, director, or managing exec   | utive of a corporation  |  |   |  |  |  |
| ☐ An owner of at least 5% of the voting o  | or equity securities of a corporation   |  |   |  |  |  |
| ■ No. None of the above applies. Go to Par   | rt 12.  |  |   |  |  |  |
| Yes. Check all that apply above and fill in  | the details below for each business   | S.   |   |  |  |  |
|  | Describe the nature of the business   |  |   |  |  |  |
|  | lame of accountant or bookkeeper  | Dates business existed   | number or ITIN.   |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |   |  |  |  |
| _ '**  |   |  |   |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)  | Date Issued   |  |   |  |  |  |
|  | Have you notified any governmental unit of and No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or adminion No Yes. Fill in the details.  Case Title Case Number  A sole proprietor or self-employed in a member of a limited liability companion A partner in a partnership An officer, director, or managing exectory and any and any and any any and any | Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any envi No Yes. Fill in the details.  Case Title Case Number  Give Details About Your Business or Connections to Any Business  Within 4 years before you filed for bankruptcy, did you own a business or have ar A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address Date Issued | Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title Case Number  Give Details About Your Business or Connections to Any Business  Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any  A partner in a partnership An officer, director, or managing executive of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Date such that apply above and fill in the details below for each business.  Employer Identification number of an include Social Security in Dates business existed  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Incluinstitutions, creditors, or other parties.  Date Issued  No. Name Date Issued  Date Issued |  |  |  |

## Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 15 of 66

| Debtor 1 Dane Massenburg Williams             |  |
|---|--|
| Debtor 2 Alicia Lynette Williams              | Case number (if known)   |
|   |  |
| Part 12: Sign Below                           |  |
| I have read the angulars on this Statement of | Financial Affairs and any attachments, and I declare under navelty of navium that the angular  |
|   | Financial Affairs and any attachments, and I declare under penalty of perjury that the answers g a false statement, concealing property, or obtaining money or property by fraud in connection |
|   | to \$250,000, or imprisonment for up to 20 years, or both.   |
| 18 U.S.C. §§ 152, 1341, 1519, and 3571.       |  |
| /s/ Dane Massenburg Williams                  | /s/ Alicia Lynette Williams  |
| Dane Massenburg Williams                      | Alicia Lynette Williams  |
| Signature of Debtor 1                         | Signature of Debtor 2  |
| Date June 13, 2019                            | Date June 13, 2019   |
| Did you attach additional pages to Your State | ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| ■ No  |  |
| ☐ Yes   |  |
| Did you pay or agree to pay someone who is    | not an attorney to help you fill out bankruptcy forms?   |
| ■ No  |  |
| ☐ Yes. Name of Person Attach the Ban          | kruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |

| Fill in this inforn  | nation to identify ye                     | our case and th        | nis filino | I:   |                                   | •                               |   |
|--|---|------------------------|------------|--|-----------------------------------|---------------------------------|---|
| Debtor 1   | Dane Masseni                              |                        |            |  |                                   |                                 |   |
| 200101   | First Name                                |                        | Name       | Last Name  |                                   |                                 |   |
| Debtor 2   | Alicia Lynette                            |                        |            |  |                                   |                                 |   |
| (Spouse, if filing)  | First Name                                | Middle                 | Name       | Last Name  |                                   |                                 |   |
| United States Ba   | nkruptcy Court for th                     |                        |            | CT OF NORTH CAROLINA (NC   |                                   |                                 |   |
| Case number _  |   |                        |            |  |                                   |                                 | ☐ Check if this is an amended filing                                    |
| Schedule<br>In each category, se<br>think it fits best. Be | e as complete and ac                      | cribe items. List      | e. If two  | only once. If an asset fits in more than one<br>married people are filing together, both are<br>nis form. On the top of any additional pages | equally resp                      | onsible for su                  | pplying correct   |
| Answer every ques  | tion.                                     | •                      |            | Estate You Own or Have an Interest In  | , willo your i                    | iamo ana oao                    | o nambor (ii iaio iii).   |
| ■ Yes. Where is  | s the property?                           |                        | What       | is the property? Check all that apply  |                                   |                                 |   |
|  | ouse Drive if available, or other descrip | otion                  |            | Single-family home Duplex or multi-unit building Condominium or cooperative  | the amoun                         | t of any secure                 | aims or exemptions. Put d claims on Schedule D: ms Secured by Property. |
| Youngsvil  | Ile NC :                                  | 27596-0000<br>ZIP Code |            | Manufactured or mobile home Land Investment property   | Current va<br>entire prop<br>\$29 |                                 | Current value of the portion you own?                                   |
|  |   |                        |            | Timeshare Other  | (such as fo                       | ee simple, ten                  | our ownership interest<br>ancy by the entireties, or                    |
|  |   |                        |            | has an interest in the property? Check one  Debtor 1 only  | a ille estat                      | e), if known.                   |   |
| Franklin   |   |                        |            | Debtor 2 only  |                                   |                                 |   |
| County   |   |                        |            | Debtor 1 and Debtor 2 only   |                                   |                                 |   |
|  |   |                        |            | At least one of the debtors and another  |                                   | k if this is com<br>structions) | munity property   |
|  |   |                        |            | r information you wish to add about this iter<br>erty identification number:   | n, such as lo                     | ocal                            |   |
|  |   |                        | Res        | se & Lot:<br>idence<br>ces and Insurance ARE Escrowed*   |                                   |                                 |   |
|  | _   |                        |            |  |                                   |                                 |   |
|  | ave attached for Pa                       |                        |            | your entries from Part 1, including any r here   |                                   |                                 | \$290,000.00  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| ebtor 2                 | Dane Massenburg Williams Alicia Lynette Williams                                  |  | Case number (if known)  |                                       |
|-------------------------|---|--|---|---------------------------------------|
| <b>Cars, va</b><br>⊐ No | ns, trucks, tractors, sport utility v   | ehicles, motorcycles   |   |                                       |
| Yes                     |   |  |   |                                       |
| .1 Make                 | Rogue Utility 4dr S   | Who has an interest in the property? Check one  ☐ Debtor 1 only  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain | d claims on Schedule D:               |
| Year<br>Appr            | 2015 roximate mileage: 33,629   | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only   | Current value of the entire property?   | Current value of the portion you own? |
| _                       | er information: ue = Clean Trade - 20%  | ☐ At least one of the debtors and another  |   |                                       |
| 1                       | gressive Insurance Policy #:  | ☐ Check if this is community property (see instructions)   | \$10,660.00   | \$10,660.0                            |
| .2 Make                 | Pacifica Wagon 4dr  | Who has an interest in the property? Check one   | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair | d claims on Schedule D:               |
| Year<br>Appr            | 0047  | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another                                   | Current value of the entire property?   | Current value of the portion you own? |
| (-\$3                   | ue = Clean Trade - 20%<br>6,625 for mileage)<br>gressive Insurance Policy #:<br>4 | Check if this is community property (see instructions)   | \$12,900.00   | \$12,900.00                           |
| .3 Make                 | Escalade ESV Utility  | Who has an interest in the property? Check one  ☐ Debtor 1 only  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain | d claims on Schedule D:               |
|                         | 0040  | <ul><li>■ Debtor 2 only</li><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul> | Current value of the entire property?   | Current value of the portion you own? |
| 1                       | ue = Clean Trade - 20%<br>gressive Insurance Policy #:<br>4                       | ☐ Check if this is community property (see instructions)   | \$12,960.00   | \$12,960.0                            |
| .4 Make                 | el: Malibu Sedan 4dr LT   | Who has an interest in the property? Check one ☐ Debtor 1 only   | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain | d claims on Schedule D:               |
|                         | r: 2008 roximate mileage: 183,149 er information:                                 | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another                                   | Current value of the entire property?   | Current value of the portion you own? |
| 1                       | ue = Clean Trade - 20%<br>i75 for mileage)<br>gressive Insurance Policy #:        | ☐ Check if this is community property (see instructions)   | \$1,860.00  | \$1,860.00                            |

|    | ebtor 1<br>ebtor 2   | Dane Masse<br>Alicia Lynet  | nburg Williams<br>te Williams  |  | Case number (if known)        |   |
|----|--|---|--|--|-------------------------------|---|
| Р  | art 3: De  | scribe Your Perso   | onal and Household Items   |  |                               |   |
|    |  |   | egal or equitable interest in a  | any of the following items?  |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Exampl<br>☐ No   | old goods and fes: Major appliar  Describe  | f <b>urnishings</b><br>nces, furniture, linens, china, kit                   | tchenware  |                               | dame of oxomptone.  |
|    |  |   | Household Goods  |  |                               | \$1,685.00  |
| 7. | □No  | les: Televisions a  | nd radios; audio, video, stereo<br>phones, cameras, media play               | , and digital equipment; computers, p<br>ers, games  | rinters, scanners; music coll | ections; electronic devices   |
|    |  |   | TV & Computer  |  |                               | \$525.00  |
| 9. | ■ No □ Yes.  Equipm Exampl ■ No □ Yes.  O. Firearr Exampl ■ No | other collecti  Describe  ent for sports a les: Sports, photo musical instr  Describe | ons, memorabilia, collectibles  nd hobbies  ographic, exercise, and other ho | other artwork; books, pictures, or other other artwork; books, pictures, or other other other other other artwork; bicycles, pool tables related equipment |                               |   |
| 11 | Clothe Examp   | s   | othes, furs, leather coats, desiç  | gner wear, shoes, accessories  |                               |   |
|    |  |   | Wearing Apparel  |  |                               | \$800.00  |
| 12 | □ No   |   | welry, costume jewelry, engago   | ement rings, wedding rings, heirloom   | jewelry, watches, gems, gold  | d, silver<br>\$200.00   |
| 13 | Examp<br>■ No  | orm animals  bles: Dogs, cats,  Describe  | birds, horses  |  |                               |   |
| 14 | ■ No   | her personal an   |  | ot already list, including any health  | h aids you did not list       |   |

| Debtor 1            | Dane Massenburg Willian   | ns                                       |   |  |   |
|---------------------|---|--|---|--|---|
| Debtor 2            | Alicia Lynette Williams   |  |   | Case number (if known)                                   |   |
|                     | the dollar value of all of your el<br>Part 3. Write that number here                                      |  |   |  | \$3,210.00  |
| Part 4: D           | escribe Your Financial Assets   |  |   |  |   |
|                     | own or have any legal or equitab  | le interest in any                       | of the following?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No                | nples: Money you have in your wa  | -  |   | n hand when you file your petitio                        | n   |
|                     |   |  |   | Cash   | \$128.00  |
| Exan<br>□ No        | sits of money nples: Checking, savings, or other institutions. If you have mul                            |  | s; certificates of deposit; sha<br>n the same institution, list ea<br>Institution name:   | ,  | ouses, and other similar  |
|                     | 17.1 <b>Che</b>   | cking/Savings                            | BB&T  |  | \$3,500.00  |
| joint<br>■ No       | oublicly traded stock and interest<br>venture   |  | ed and unincorporated bu  | sinesses, including an interest                          | in an LLC, partnership, an  |
| ☐ Yes               | s. Give specific information about<br>Name of e   |  |   | % of ownership:  |   |
| Nego                | rnment and corporate bonds an<br>tiable instruments include persona<br>negotiable instruments are those y | al checks, cashiers                      | s' checks, promissory notes   | and money orders.  |   |
|                     | s. Give specific information about t<br>Issuer nar  |  |   |  |   |
|                     | ement or pension accounts<br>nples: Interests in IRA, ERISA, Ke   | ogh, 401(k), 403(b                       | o), thrift savings accounts, or   | other pension or profit-sharing p                        | lans  |
| _                   | s. List each account separately.  Type of account separately.   | unt:                                     | Institution name:   |  |   |
| Your<br><i>Exan</i> | rity deposits and prepayments<br>share of all unused deposits you langles: Agreements with landlords,     | nave made so that<br>prepaid rent, publi | t you may continue service of the continue service of | or use from a company<br>er), telecommunications compani | es, or others   |
| ■ No<br>□ Yes       | S   |  | Institution name or individ   | dual:  |   |
| _                   | ities (A contract for a periodic pay  | ment of money to                         | you, either for life or for a n   | umber of years)  |   |
| ■ No<br>□ Yes       | Issuer name and   | description.                             |   |  |   |
| 24. Intere          | sts in an education IRA, in an ac   | count in a qualif                        | ied ABLE program, or unc  | ler a qualified state tuition prog                       | gram.   |

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

| Debtor 1 Debtor 2 Dane Massenbu Alicia Lynette W  | <u> </u>  |            |
|---|---|------------|
| ☐ Yes. Give specific informa  | ation   |            |
|   | I of your entries from Part 4, including any entries for pages you have attached ber here   | \$3,628.00 |
| Part 5: Describe Any Business-R   | elated Property You Own or Have an Interest In. List any real estate in Part 1.   |            |
| _ '   | or equitable interest in any business-related property?   |            |
| No. Go to Part 6.   |   |            |
| ☐ Yes. Go to line 38.   |   |            |
|   | Commercial Fishing-Related Property You Own or Have an Interest In. set in farmland, list it in Part 1.   |            |
| 46. Do you own or have any le   | gal or equitable interest in any farm- or commercial fishing-related property?  |            |
| No. Go to Part 7.   |   |            |
| Yes. Go to line 47.   |   |            |
| Part 7: Describe All Property   | y You Own or Have an Interest in That You Did Not List Above  |            |
| 53. <b>Do you have other property</b> Examples: Season tickets, c  □ No  ■ Yes. Give specific information | •   |            |
| - res. Give specific informa-   |   |            |
|   | Possible Consumer Rights Claim(s). Unless otherwise specified, no specific claims are known at present.   | \$0.00     |
|   | .IMPORTANT NOTICES:   |            |
|   | (1) Valuation Method (Sch. A & B): FMV unless otherwise noted.  |            |
|   | (2) Creditor claims disclosed on Sch. D, E & F are estimates only, drawn largely from unverified information provided by the creditor, and shall not be considered an admission by the Debtor(s) of the amount owed, interest, late fees, etc. Nor is this listing of a creditor or representatives an admission by the Debtor(s) that such parties are actual owners of such claims. | \$0.00     |
|   | astaal owners of sach dame.   | ·          |
|   | Any other value (See * on Sch B)  | \$6,372.00 |
|   | * Any other value, not otherwise listed, including without limitation, any and all amounts on deposit, if any, as of the date of filing, in bank or investment accounts, but not exceeding in value the residual value available under the "wildcard" (NCGS 1C-1601(a)(2)) exemption.   | Unknown    |
| 54. Add the dollar value of al  | of your entries from Part 7. Write that number here   | \$6,372.00 |

## Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 22 of 66

|        | Debtor 1 Dane Massenburg Williams Debtor 2 Alicia Lynette Williams Case number (if known) |   |             |                              |              |  |
|--------|---|---|-------------|------------------------------|--------------|--|
| Part 8 | List the Totals of Each Part of this Form   |   |             |                              |              |  |
| 55.    | Part 1: Total real estate, line 2   |   |             |                              | \$290,000.00 |  |
| 56.    | Part 2: Total vehicles, line 5  |   | \$38,380.00 |                              |              |  |
| 57.    | Part 3: Total personal and household items, line 15                                       |   | \$3,210.00  |                              |              |  |
| 58.    | Part 4: Total financial assets, line 36   |   | \$3,628.00  |                              |              |  |
| 59.    | Part 5: Total business-related property, line 45  |   | \$0.00      |                              |              |  |
| 60.    | Part 6: Total farm- and fishing-related property, line 52                                 |   | \$0.00      |                              |              |  |
| 61.    | Part 7: Total other property not listed, line 54  | + | \$6,372.00  |                              |              |  |
| 62.    | Total personal property. Add lines 56 through 61  | _ | \$51,590.00 | Copy personal property total | \$51,590.00  |  |
| 63.    | Total of all property on Schedule A/B. Add line 55 + line 62                              |   |             |                              | \$341,590.00 |  |

Rev. 3/2016

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)

IN THE MATTER OF:

Dane Massenburg Williams

Alicia Lynette Williams

Debtor(s).

CASE NUMBER:

#### SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

We, <u>Dane Massenburg Williams and Alicia Lynette Williams</u>, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: (Attach additional sheets if necessary).

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

| Description of Property and Address   | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Mortgage Holder<br>or Lien Holder                             | Amount of<br>Mortgage<br>or Lien | Net<br><u>Value</u> | Value Claimed as Exempt<br>Pursuant to NCGS 1C-1601(a)(1) |
|---|------------------------|---|---|----------------------------------|---------------------|---|
| 195 Clubhouse Drive Youngsville, NC 27596 Franklin County House & Lot: Residence *Taxes and Insurance ARE Escrowed* | 290,000.00             | J   | Franklin County Tax Collector Midland Mortgage Company ****** | 0.00<br>273,328.87               | 16,671.13           | 60,000.00   |

| Debtor's Age:            |  |
|--------------------------|--|
| Name of former co-owner: |  |

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 60,000,00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

| Model, Year<br>Style of Auto   | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien Holder | Amount of<br><u>Lien</u> | Net<br><u>Value</u> | Value Claimed as Exempt<br>Pursuant to NCGS 1C-1601(a)(3) |
|--|------------------------|---|-------------|--------------------------|---------------------|---|
| 2008 Chevrolet Malibu Sedan 4dr LT 183,149 miles Value = Clean Trade - 20% (-\$575 for mileage) Progressive Insurance Policy #: 9584 | 1,860.00               | D2  |             |                          | 1,860.00            | 3,500.00  |

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is <u>6</u>.

| Description of Property | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien<br><u>Holder</u> | Amount<br>of Lien | Net<br><u>Value</u> | Claimed as Exempt<br>Pursuant to NCGS<br>1C-1601(a)(4) |
|-------------------------|------------------------|---|-----------------------|-------------------|---------------------|--|
| <b>Household Goods</b>  | 1,685.00               | J   |                       |                   | 1,685.00            | 1,685.00   |
| Jewelry                 | 200.00                 | J   |                       |                   | 200.00              | 200.00   |
| TV & Computer           | 525.00                 | J   |                       |                   | 525.00              | 525.00   |
| Wearing Apparel         | 800.00                 | J   |                       |                   | 800.00              | 800.00   |

Schedule C-1 - Property Claimed as Exempt - 3/2016

#### VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ 14,000.00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

| <u>Description</u> | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien<br>Holder | Amount of <u>Lien</u> | Net<br><u>Value</u> | Value Claimed as Exempt<br>Pursuant to NCGS 1C-1601(a)(5) |
|--------------------|------------------------|---|----------------|-----------------------|---------------------|---|
| -NONE-             |                        |   |                |                       |                     |   |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$

0.00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

| Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only) | Cash<br>Value |
|--|---------------|
| -NONE-   |               |

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

| Description |  |
|-------------|--|
| -NONE-      |  |

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity -NONE-

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

|                                     |                        | Owner        |                   |           |       |   |
|-------------------------------------|------------------------|--------------|-------------------|-----------|-------|---|
| Description of Droporty             | Mortot                 | (D1)Debtor 1 | Lien              | Amount    | Net   | Value Claimed as Evernat                                  |
| Description of Property and Address | Market<br><u>Value</u> | (DZ)DCDIOI Z | Holder            | of Lien   | Value | Value Claimed as Exempt<br>Pursuant to NCGS 1C-1601(a)(2) |
|                                     |                        | (J)Joint     |                   |           |       | , , , ,   |
| 2010 Cadillac                       | 12,960.00              | D2           | Capital One Auto  | 30,506.00 | 0.00  | 0.00  |
| Escalade ESV                        |                        |              | Finance **        |           |       |   |
| Utility 4dr AWD                     |                        |              |                   |           |       |   |
| 113,001 miles                       |                        |              |                   |           |       |   |
| Value = Clean                       |                        |              |                   |           |       |   |
| Trade - 20%                         |                        |              |                   |           |       |   |
| Progressive                         |                        |              |                   |           |       |   |
| Insurance Policy #:                 |                        |              |                   |           |       |   |
| 9584                                |                        |              |                   |           |       |   |
| 2015 Nissan Rogue                   | 10,660.00              | D2           | Ally Financial ** | 21,252.26 | 0.00  | 0.00  |
| Utility 4dr S AWD                   |                        |              |                   |           |       |   |
| 33,629 miles                        |                        |              |                   |           |       |   |
| Value = Clean                       |                        |              |                   |           |       |   |
| Trade - 20%                         |                        |              |                   |           |       |   |
| Progressive                         |                        |              |                   |           |       |   |
| Insurance Policy #:                 |                        |              |                   |           |       |   |
| 9584                                |                        |              |                   |           |       |   |
| 2017 Chrysler                       | 12,900.00              | D2           | Santander         | 24,419.57 | 0.00  | 0.00  |
| Pacifica Wagon 4dr                  |                        |              | Consumer USA **   |           |       |   |
| Touring L 95,001                    |                        |              |                   |           |       |   |
| miles                               |                        |              |                   |           |       |   |
| Value = Clean                       |                        |              |                   |           |       |   |
| Trade - 20%                         |                        |              |                   |           |       |   |
| (-\$3,625 for                       |                        |              |                   |           |       |   |
| mileage)                            |                        |              |                   |           |       |   |
| Progressive                         |                        |              |                   |           |       |   |
| Insurance Policy #:                 |                        |              |                   |           |       |   |
| 9584                                |                        |              |                   |           |       |   |

Schedule C-1 - Property Claimed as Exempt - 3/2016

| Description of Property and Address | Market<br><u>Value</u> | Owner<br>(D1)Debtor 1<br>(D2)Debtor 2<br>(J)Joint | Lien<br><u>Holder</u> | Amount<br>of Lien | Net<br><u>Value</u> | Value Claimed as Exempt<br>Pursuant to NCGS 1C-1601(a)(2) |
|-------------------------------------|------------------------|---|-----------------------|-------------------|---------------------|---|
| Any other value                     | 6,372.00               | J   |                       |                   | 6,372.00            | 6,372.00  |
| (See * on Sch B)                    |                        |   |                       |                   |                     |   |
| Cash                                | 128.00                 | J   |                       |                   | 128.00              | 128.00  |
| Checking/Savings: BB&T              | 3,500.00               | J   |                       |                   | 3,500.00            | 3,500.00  |

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 10,000.00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account\Last Four Digits of Account Number

-NONE-

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary

-NONE-

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number
-NONE-

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support\Amount\Location of Funds
-NONE-

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

| Description of       | Market       | Lien          | Amount         | Net          |
|----------------------|--------------|---------------|----------------|--------------|
| Property and Address | <u>Value</u> | <u>Holder</u> | <u>of Lien</u> | <u>Value</u> |
| -NONE-               |              |               |                |              |

VALUE CLAIMED AS EXEMPT: \$ 0.00

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

-NONE-

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

-NONE-

16. FEDERAL PENSION FUND EXEMPTIONS

-NONE-

#### 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

| -NONE- |  |
|--------|--|
|--------|--|

#### 18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

| Description | Market<br><u>Value</u> | Lien<br>Holder | Amount of Lien | Net<br><u>Value</u> |
|-------------|------------------------|----------------|----------------|---------------------|
| -NONE-      |                        |                |                |                     |

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

| Description of Replacement Property | Description of Property Liquidated or Converted that May Be Exempt |
|-------------------------------------|--|
|                                     |  |

- 19. The debtor's property is subject to the following claims:
- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

| Claimant | Nature of<br>Claim | Amount of<br>Claim | Description of Property | Value<br>of Property | Net<br><u>Value</u> |
|----------|--------------------|--------------------|-------------------------|----------------------|---------------------|
| -NONE-   |                    |                    |                         |                      |                     |

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

# UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

We, <u>Dane Massenburg Williams and Alicia Lynette Williams</u>, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 5 sheets, and that they are true and correct to the best of my knowledge, information and belief.

| Executed on: | /s/ Dane Massenburg Williams |
|--------------|------------------------------|
|              | Dane Massenburg Williams     |
|              | Debtor                       |
|              | /s/ Alicia Lynette Williams  |
|              | Alicia Lynette Williams      |
|              | Debtor 2                     |

|                        |                           |   |   | •  |                          |
|------------------------|---------------------------|---|---|--|--------------------------|
| Fill in this inform    | nation to identify you    | ur case:  |   |  |                          |
| Debtor 1               | Dane Massenbi             | urg Williams  |   |  |                          |
|                        | First Name                | Middle Name Last Name   |   | -  |                          |
| Debtor 2               | Alicia Lynette V          | Villiams  |   |  |                          |
| (Spouse if, filing)    | First Name                | Middle Name Last Name   |   | -  |                          |
| United States Bar      | nkruptcy Court for the    | EASTERN DISTRICT OF NORTH CAROLIN EXEMPTIONS)   | NA (NC  |  |                          |
| Case number            |                           |   |   |  |                          |
| (if known)             |                           |   |   | ☐ Check                                      | if this is an            |
|                        |                           |   |   | _  | ded filing               |
| Official Form Schedule |                           | s Who Have Claims Secure  | d by Propert  | у  | 12/15                    |
|                        |                           | If two married people are filing together, both are ed out, number the entries, and attach it to this form. C |   |  |                          |
| 1. Do any creditors    | have claims secured b     | y your property?  |   |  |                          |
| `                      |                           | this form to the court with your other schedules. Y   | You have nothing else t                                 | o report on this form                        |                          |
| _                      |                           | ·   | ou have nothing cise t                                  | o report on this form.                       |                          |
| ■ Yes. Fill in         | all of the information    | below.  |   |  |                          |
| Part 1: List Al        | I Secured Claims          |   |   |  |                          |
| 2. List all secured    | claims. If a creditor has | more than one secured claim, list the creditor separately   | Column A  | Column B                                     | Column C                 |
|                        |                           | s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.     | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Ally Finan         | cial **                   | Describe the property that secures the claim:   | \$21,252.26   | \$10,660.00                                  | \$10,592.26              |
| Creditor's Name        | 3                         | 2015 Nissan Rogue Utility 4dr S<br>AWD 33,629 miles   |   |  |                          |
|                        |                           | Value = Clean Trade - 20%   |   |  |                          |
| Attn: Offic            | or.                       | Progressive Insurance Policy #: 9584  |   |  |                          |
|                        | e Box 380901              | As of the date you file, the claim is: Check all that   |   |  |                          |
|                        | lis, MN 55438             | apply.<br>□ Contingent  |   |  |                          |
|                        | City, State & Zip Code    | ☐ Unliquidated  |   |  |                          |
| rumber, oucot,         | Oity, Otato & Zip Code    | ☐ Disputed  |   |  |                          |
| Who owes the de        | bt? Check one.            | Nature of lien. Check all that apply.   |   |  |                          |
| Debtor 1 only          |                           | ☐ An agreement you made (such as mortgage or se   | ecured  |  |                          |
| ■ Debtor 2 only        |                           | car loan)   |   |  |                          |
| Debtor 1 and De        | ebtor 2 only              | ☐ Statutory lien (such as tax lien, mechanic's lien)  |   |  |                          |
| _                      | ne debtors and another    | ☐ Judgment lien from a lawsuit  |   |  |                          |
| ☐ Check if this cla    |                           |   | Money Security Int                                      | erest  |                          |
| community del          |                           | — Other (including a right to offset)   | ,,  | <del>-</del>                                 |                          |

Date debt was incurred 2018

Last 4 digits of account number

8359

| Debtor 1 Dane Massenburg Williams |                   | ams   |             | Case number (if known)   |                 |                       |              |             |
|-----------------------------------|-------------------|---|-------------|--|-----------------|-----------------------|--------------|-------------|
|                                   |                   | First Name  | Middle Na   | ame Last Name  |                 |                       |              |             |
| Deb                               | tor 2             | Alicia Lynette                                      |             |  | _               |                       |              |             |
|                                   |                   | First Name  | Middle Na   | ame Last Name  |                 |                       |              |             |
|                                   | Cap               | ital One Auto                                       | Finance     |  |                 |                       |              |             |
| 2.2                               | **                |   |             | Describe the property that secures                                   | the claim:      | \$30,506.00           | \$12,960.00  | \$17,546.00 |
|                                   | Credit            | tor's Name  |             | 2010 Cadillac Escalade ESV   | ' Utility       |                       |              |             |
|                                   |                   |   |             | 4dr AWD 113,001 miles  |                 |                       |              |             |
|                                   |                   |   |             | Value = Clean Trade - 20%  |                 |                       |              |             |
|                                   |                   |   |             | Progressive Insurance Police   | cy #:           |                       |              |             |
|                                   |                   | n: Officer  |             | 9584 As of the date you file, the claim is:                          | Chook all that  |                       |              |             |
|                                   |                   | t Office Box 2                                      |             | apply.   | Check all that  |                       |              |             |
|                                   | Plar              | no, TX 75026-0                                      | 848         | ☐ Contingent   |                 |                       |              |             |
|                                   | Numb              | er, Street, City, State 8                           | k Zip Code  | ☐ Unliquidated   |                 |                       |              |             |
|                                   |                   |   |             | Disputed   |                 |                       |              |             |
| _                                 |                   | s the debt? Check                                   | one.        | Nature of lien. Check all that apply.                                |                 |                       |              |             |
| ЦD                                | ebtor 1           | 1 only  |             | An agreement you made (such as                                       | mortgage or s   | ecured                |              |             |
| ■ D                               | ebtor 2           | 2 only  |             | car loan)  |                 |                       |              |             |
|                                   | ebtor '           | 1 and Debtor 2 only                                 |             | ☐ Statutory lien (such as tax lien, me                               | chanic's lien)  |                       |              |             |
|                                   | t least           | one of the debtors                                  | and another | ☐ Judgment lien from a lawsuit                                       |                 |                       |              |             |
|                                   |                   | if this claim relates<br>unity debt                 | s to a      | Other (including a right to offset)                                  | Purchase        | Money Security Inte   | erest        |             |
| Date                              | debt v            | was incurred 20                                     | 17          | Last 4 digits of account num   | ber             |                       |              |             |
| 2.3                               |                   | nklin County T<br>lector                            | ax          | Describe the property that secures                                   | the claim:      | \$0.00                | \$290,000.00 | \$0.00      |
|                                   | Credit            | tor's Name  |             | 195 Clubhouse Drive Young  | sville,         |                       |              |             |
|                                   |                   |   |             | NC 27596 Franklin County   |                 |                       |              |             |
|                                   |                   |   |             | House & Lot:   |                 |                       |              |             |
|                                   |                   |   |             | Residence  |                 |                       |              |             |
|                                   |                   |   |             | *Taxes and Insurance ARE Escrowed*                                   |                 |                       |              |             |
|                                   |                   | t Office Box 5                                      | 03          | As of the date you file, the claim is:                               | Check all that  |                       |              |             |
|                                   |                   | isburg, NC  |             | apply.   | onook an that   |                       |              |             |
|                                   |                   | 49-0503   |             | Contingent   |                 |                       |              |             |
|                                   | Numb              | er, Street, City, State &                           | k Zip Code  | Unliquidated   |                 |                       |              |             |
|                                   |                   |   |             | Disputed   |                 |                       |              |             |
| _                                 |                   | s the debt? Check                                   | one.        | Nature of lien. Check all that apply.                                |                 |                       |              |             |
| _                                 | ebtor 1           | ,   |             | ☐ An agreement you made (such as car loan)                           | mortgage or s   | ecured                |              |             |
| _                                 | ebtor 2           | ,   |             | <u> </u>   | abanial- !! \   |                       |              |             |
|                                   | ahtor 1           | 1 and Debtor 2 only                                 |             | ☐ Statutory lien (such as tax lien, me                               | crianic's lien) |                       |              |             |
|                                   |                   |   |             |  |                 |                       |              |             |
|                                   | t least           | one of the debtors                                  |             | Judgment lien from a lawsuit   | Dool Dec        | orty Toyon Indicate   | d In Ecoress |             |
| □с                                | t least<br>heck i | one of the debtors of this claim relates unity debt |             | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | Real Prop       | perty Taxes - Include | d In Escrow  |             |

| Debtor 1 Dane Massenburg                          | Williams                                  | Case number (if known)       |              |          |  |
|---|---|------------------------------|--------------|----------|--|
| First Name  | Middle Name Last Name                     |                              |              |          |  |
| Debtor 2 Alicia Lynette Will                      |   |                              |              |          |  |
| First Name  | Middle Name Last Name                     |                              |              |          |  |
| 2.4 ISPC aka Independent<br>Savings               | Describe the property that secure         | es the claim: \$8,990.00     | \$8,000.00   | \$990.00 |  |
| Creditor's Name                                   | Water Filter System                       |                              |              |          |  |
| Attn: Officer                                     | Water Fines System                        |                              |              |          |  |
| 1115 Gunn Highway, S                              | Ste                                       |                              |              |          |  |
| 100   | As of the date you file, the claim apply. | is: Check all that           |              |          |  |
| Odessa, FL 33556-532                              |   |                              |              |          |  |
| Number, Street, City, State & Zip Co              |   |                              |              |          |  |
|   | ☐ Disputed                                |                              |              |          |  |
| Who owes the debt? Check one.                     | Nature of lien. Check all that appl       | y.                           |              |          |  |
| ☐ Debtor 1 only                                   | ☐ An agreement you made (such             | as mortgage or secured       |              |          |  |
| Debtor 2 only                                     | car loan)                                 |                              |              |          |  |
| ■ Debtor 1 and Debtor 2 only                      | ☐ Statutory lien (such as tax lien, ı     | mechanic's lien)             |              |          |  |
| ☐ At least one of the debtors and a               | nother                                    |                              |              |          |  |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset        | Purchase Money Security Into | erest        |          |  |
| Date debt was incurred 2019                       | Last 4 digits of account nu               | umher                        |              |          |  |
| ZO13  |   |                              |              |          |  |
| Midland Martgage                                  |   |                              |              |          |  |
| 2.5 Midland Mortgage Company ******               | Describe the property that secure         | es the claim: \$273,328.87   | \$290,000.00 | \$0.00   |  |
| Creditor's Name                                   | 195 Clubhouse Drive You                   |                              |              |          |  |
|   | NC 27596 Franklin Count                   | • 1                          |              |          |  |
|   | House & Lot:                              | ,                            |              |          |  |
|   | Residence                                 |                              |              |          |  |
| Attn: Managing Agent                              | *Taxes and Insurance AR                   | E                            |              |          |  |
| Post Office Box 26648                             | Escrowed*                                 |                              |              |          |  |
| Oklahoma City, OK                                 | As of the date you file, the claim apply. | is: Check all that           |              |          |  |
| 73126-6648  | Contingent                                |                              |              |          |  |
| Number, Street, City, State & Zip Co              |   |                              |              |          |  |
|   | ☐ Disputed                                |                              |              |          |  |
| Who owes the debt? Check one.                     | Nature of lien. Check all that appl       | iy.                          |              |          |  |
| Debtor 1 only                                     | An agreement you made (such a car loan)   | as mortgage or secured       |              |          |  |
| Debtor 2 only                                     | ′   |                              |              |          |  |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, ı     | nechanic's lien)             |              |          |  |
| At least one of the debtors and a                 | _   | Judgment lien from a lawsuit |              |          |  |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset        | Principal Residence          |              |          |  |
| Date debt was incurred 2017                       | Last 4 digits of account nu               | umber 6198                   |              |          |  |

| Debtor 1 Dane Massenburg Williams |   |                   | Case  | Case number (if known) |                     |             |             |
|-----------------------------------|---|-------------------|---|------------------------|---------------------|-------------|-------------|
|                                   | First Name  | Middle N          | ame Last Name   |                        |                     |             |             |
| Debtor 2                          |   | ette Williams     |   | _                      |                     |             |             |
|                                   | First Name  | Middle N          | lame Last Name  |                        |                     |             |             |
|                                   | antander Cor<br>SA **                             | nsumer            | Describe the property that secures  | the claim:             | \$24,419.57         | \$12,900.00 | \$11,519.57 |
|                                   | editor's Name                                     |                   | 2017 Chrysler Pacifica Wag  |                        |                     |             |             |
|                                   | tn: Officer/B                                     | ankruptcy         | Touring L 95,001 miles Value = Clean Trade - 20% ( for mileage) Progressive Insurance Police 9584 | -\$3,625<br>cy #:      |                     |             |             |
|                                   | ost Office Bo<br>allas, TX 753                    |                   | As of the date you file, the claim is: apply.   | Check all that         |                     |             |             |
|                                   | mber, Street, City, S                             |                   | Contingent  |                        |                     |             |             |
| Nur                               | mber, Street, City, S                             | state & Zip Code  | ☐ Unliquidated  |                        |                     |             |             |
| Who ow                            | res the debt? C                                   | heck one          | Disputed  Nature of lien. Check all that apply.   |                        |                     |             |             |
| ☐ Debto                           |   | mook one.         | ☐ An agreement you made (such as  |                        |                     |             |             |
| _                                 | -   |                   | car loan)   | mongage or secured     |                     |             |             |
| ■ Debto                           | •   |                   | _   |                        |                     |             |             |
|                                   | or 1 and Debtor 2                                 | •                 | Statutory lien (such as tax lien, me  | chanic's lien)         |                     |             |             |
|                                   |   | otors and another | Judgment lien from a lawsuit  | Durchasa Man           | ey Security Interes |             |             |
|                                   | k if this claim re<br>munity debt                 | elates to a       | Other (including a right to offset)   | - Turchase Mone        | ey Security interes | <u> </u>    |             |
| Date deb                          | ot was incurred                                   | 2017              | Last 4 digits of account num  | ber <u>2110</u>        |                     |             |             |
|                                   | nited Consur                                      |                   |   |                        |                     |             |             |
| Fi                                | nance Servic                                      | ces               | Describe the property that secures  | the claim:             | \$1,524.00          | \$1,000.00  | \$524.00    |
| Cre                               | editor's Name                                     |                   | Vacuum  |                        |                     |             |             |
|                                   |   |                   | *Debtor to Surrender*   |                        |                     |             |             |
|                                   | tn: Managin                                       |                   | As of the date you file, the claim is:  | Check all that         |                     |             |             |
|                                   | 55 Bassett Ro                                     |                   | apply.  |                        |                     |             |             |
|                                   | estlake, OH                                       |                   | Contingent  |                        |                     |             |             |
| Nur                               | mber, Street, City, S                             | State & Zip Code  | Unliquidated  |                        |                     |             |             |
| Who ow                            | ves the debt? C                                   | book one          | ☐ Disputed  Nature of lien. Check all that apply.   |                        |                     |             |             |
|                                   |   | neck one.         | _   |                        |                     |             |             |
| ☐ Debto                           |   |                   | An agreement you made (such as car loan)  | mortgage or secured    |                     |             |             |
| Debto                             | ,   |                   | _   |                        |                     |             |             |
|                                   | or 1 and Debtor 2                                 |                   | ☐ Statutory lien (such as tax lien, me  | chanic's lien)         |                     |             |             |
|                                   |   | otors and another | Judgment lien from a lawsuit  | D Man                  | Oit It              | •           |             |
|                                   | k if this claim re<br>munity debt                 | elates to a       | Other (including a right to offset)   | Purchase Mone          | ey Security Interes | I           |             |
| Date deb                          | ot was incurred                                   | 2018              | Last 4 digits of account num  | ber                    |                     |             |             |
|                                   |   |                   |   |                        |                     |             |             |
|                                   |   | -                 | column A on this page. Write that num   |                        | \$360,020.70        |             |             |
|                                   | is the last page of the contract that number here |                   | the dollar value totals from all pages.   |                        | \$360,020.70        |             |             |
|                                   |   |                   |   |                        |                     |             |             |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this infor   | mation to identify your   | case:   |  |
|--|---|---|--|
| Debtor 1   | Dana Massanhur  | a Williama  |  |
| Debior 1   | Dane Massenburg   | Middle Name Last Name   |  |
| Debtor 2   | Alicia Lynette Wil  | lliams  |  |
| (Spouse if, filing)  | First Name  | Middle Name Last Name   |  |
| United States Ba   | ankruptcy Court for the:  | EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)  |  |
| Case number  |   |   |  |
| (if known)   |   |   | ☐ Check if this is an  |
|  |   |   | amended filing   |
|  | E/F: Creditors W  | Tho Have Unsecured Claims see Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NON   | 12/15  |
| any executory con<br>Schedule G: Exect<br>Schedule D: Credi<br>left. Attach the Co<br>name and case nu | ntracts or unexpired leases<br>utory Contracts and Unexp<br>tors Who Have Claims Sec<br>ntinuation Page to this pag | that could result in a claim. Also list executory contracts on Schedule A/B: Fired Leases (Official Form 106G). Do not include any creditors with partially sured by Property. If more space is needed, copy the Part you need, fill it out, je. If you have no information to report in a Part, do not file that Part. On the to | Property (Official Form 106A/B) and on<br>ecured claims that are listed in<br>number the entries in the boxes on the |
|  | ors have priority unsecure  |   |  |
| No. Go to I  |   |   |  |
| _  | rail 2.   |   |  |
| Yes.   | NII - CV NONDDIODIT   | TV Haranana d Olaina  |  |
|  | All of Your NONPRIORIT  |   |  |
| 3. Do any credit   | tors have nonpriority unsec   | cured claims against you?   |  |
| ☐ No. You ha   | ave nothing to report in this p   | art. Submit this form to the court with your other schedules.   |  |
| Yes.   |   |   |  |
| List all of you unsecured cla than one credi   | im, list the creditor separately  | aims in the alphabetical order of the creditor who holds each claim. If a credity of or each claim. For each claim listed, identify what type of claim it is. Do not list claist the other creditors in Part 3.If you have more than three nonpriority unsecured claim.   | nims already included in Part 1. If more   |
| Part 2.  |   |   | Total claim  |
|  |   | Lord A. Polito of account of the  |  |
|  | RTANT NOTICE:<br>ty Creditor's Name   | Last 4 digits of account number   | \$0.00   |
|  | tice re: creditor clain   | ns set When was the debt incurred?  |  |
| forth o  | n Schedule A  |   |  |
| Number S   | Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |  |
| _  | urred the debt? Check one.  |   |  |
| ☐ Debto  | or 1 only   | ☐ Contingent  |  |
| ☐ Debto  | or 2 only   | ☐ Unliquidated  |  |
| ■ Debto  | or 1 and Debtor 2 only  | Disputed  |  |
| ☐ At lea   | st one of the debtors and and   |   |  |
|  | k if this claim is for a com  |   |  |
| debt   |   | ☐ Obligations arising out of a separation agreement or divorce th   | at you did not   |
| Is the cla   | nim subject to offset?  | report as priority claims   | •  |
| ■ No   |   | lacksquare Debts to pension or profit-sharing plans, and other similar debt   | s  |
| ☐ Yes  |   | Other. Specify  |  |
|  |   |   |  |

| Avant   | Last 4 digits of account number   | \$4,714.00  |
|---|---|-------------|
| Nonpriority Creditor's Name<br>222 N. LaSalle Street, Ste 1700<br>Chicago, IL 60601 | When was the debt incurred? 2018  |             |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |             |
| Who incurred the debt? Check one.   |   |             |
| Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community  | ☐ Student loans   |             |
| debt<br>s the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| ☐ Yes   | ■ Other. Specify Personal Loan  |             |
| Coastal Federal Credit Union***   | Last 4 digits of account number   | \$10,038.00 |
| lonpriority Creditor's Name<br>Post Office Box 58429<br>Raleigh, NC 27658           | When was the debt incurred? 2008  |             |
| lumber Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |             |
| Vho incurred the debt? Check one.   |   |             |
| Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
| Check if this claim is for a community  | ☐ Student loans   |             |
| lebt<br>s the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |             |
| No  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐Yes  | ■ Other. Specify Repossession Deficiency  |             |
| СРМН  | Last 4 digits of account number 8459  | \$27.79     |
| Nonpriority Creditor's Name   | When was the debt incurred? 2018  |             |
| Suite 103<br>Durham, NC 27707   |   |             |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |             |
| Who incurred the debt? Check one.   |   |             |
| Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | □ Unliquidated  |             |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community  | ☐ Student loans   |             |
| lebt s the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| - No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| ⊐ Yes   | ■ Other Specify Medical Bills   |             |

| or 2   |  | Case number (if known)                        |          |
|--|--|---|----------|
| Credit One Bank, N.A. ****   | Last 4 digits of account number                |   | \$552.00 |
| Nonpriority Creditor's Name Post Office Box 98873 Las Vegas, NV 89193-8873     | When was the debt incurred?                    | 2018  |          |
| Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim             | s: Check all that apply                       |          |
| Debtor 1 only  | ☐ Contingent                                   |   |          |
| ☐ Debtor 2 only  | ☐ Unliquidated                                 |   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed                                     |   |          |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans | d claim:                                      |          |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?  | _  | aration agreement or divorce that you did not |          |
| No   | Debts to pension or profit-sharir              | g plans, and other similar debts              |          |
| Yes  | Other. Specify Credit Card                     | <del>- ·</del>                                |          |
| DLP Person Urgent Care, LLC  | Last 4 digits of account number                | 2442  | \$38.69  |
| Nonpriority Creditor's Name Post Office Box 3070 Roxboro, NC 27573-3070        | When was the debt incurred?                    | 2018  |          |
| Number Street City State Zip Code  | As of the date you file, the claim             |   |          |
| Who incurred the debt? Check one.  |  |   |          |
| Debtor 1 only  | Contingent                                     |   |          |
| Debtor 2 only  | Unliquidated                                   |   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed                                     | L. L. C.                                      |          |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans | d claim:                                      |          |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset? |  | aration agreement or divorce that you did not |          |
| ■ No   | Debts to pension or profit-sharir              | g plans, and other similar debts              |          |
| ☐ Yes  | Other. Specify Medical Bil                     |   |          |
|  |  | Multiple                                      | <b></b>  |
| Duke Health  Nonpriority Creditor's Name                                       | Last 4 digits of account number                | Accounts                                      | \$401.00 |
| 5213 South Alston Avenue<br>Durham, NC 27713                                   | When was the debt incurred?                    | 2019  |          |
| Number Street City State Zip Code  Who incurred the debt? Check one.           | As of the date you file, the claim             | is: Check all that apply                      |          |
| Debtor 1 only  | ☐ Contingent                                   |   |          |
| ■ Debtor 2 only  | ☐ Unliquidated                                 |   |          |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed                                     |   |          |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                   | d claim:                                      |          |
| Check if this claim is for a community   | ☐ Student loans                                |   |          |
| debt Is the claim subject to offset?   | report as priority claims                      | aration agreement or divorce that you did not |          |
| No   | Debts to pension or profit-sharing             |   |          |
| Yes  | Other. Specify Medical Bil                     | ls  |          |

Official Form 106 E/F

|          | or 1 Dane Massenburg Williams or 2 Alicia Lynette Williams |   | Case number (if known)                       |            |
|----------|--|---|--|------------|
|          |  |   |  |            |
| 4.8      | Duke Medicine  | Last 4 digits of account number                             | Multiple<br>Accounts                         | \$2,155.38 |
|          | Nonpriority Creditor's Name                                | _   |  |            |
|          | Post Office Box 63362<br>Charlotte, NC 28263               | When was the debt incurred?                                 |  |            |
|          | Number Street City State Zip Code                          | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                          |   |  |            |
|          | Debtor 1 only  | ☐ Contingent  |  |            |
|          | ■ Debtor 2 only  | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only                               | ☐ Disputed  |  |            |
|          | At least one of the debtors and another                    | Type of NONPRIORITY unsecured                               | d claim:                                     |            |
|          | ☐ Check if this claim is for a community                   | ☐ Student loans   |  |            |
|          | debt Is the claim subject to offset?                       | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|          | No   | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|          | ☐ Yes  |   |  |            |
|          | ☐ Yes  | Other. Specify Medical Bil                                  |  |            |
| 4.9      | Federal Housing Authority**                                | Last 4 digits of account number                             |  | \$0.00     |
|          | Nonpriority Creditor's Name  Department of HUD             | When was the debt incurred?                                 | 2017   |            |
|          | 1500-401 Pine Croft Road                                   | When was the dest mounted.                                  | 2017   |            |
|          | Greensboro, NC 27407                                       | _   |  |            |
|          | Number Street City State Zip Code                          | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.  ☐ Debtor 1 only         | _   |  |            |
|          | Debtor 2 only  | ■ Contingent  |  |            |
|          |  | Unliquidated  |  |            |
|          | ■ Debtor 1 and Debtor 2 only                               | Disputed  | Lalaine                                      |            |
|          | At least one of the debtors and another                    | Type of NONPRIORITY unsecured  ☐ Student loans              | i ciaim:                                     |            |
|          | ☐ Check if this claim is for a community debt              | _   | ration agreement or diverse that you did not |            |
|          | Is the claim subject to offset?                            | report as priority claims                                   | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|          | ☐ Yes  | Other. Specify Possible O                                   | bligation/Mtg. Guaranty                      |            |
| 1        |  |   |  |            |
| 4.1<br>0 | Fortiva Card Servicing                                     | Last 4 digits of account number                             | 8184   | \$769.64   |
|          | Nonpriority Creditor's Name  Correspondence                | When was the debt incurred?                                 |  |            |
|          | Post Office Box 105555                                     |   |  |            |
|          | Atlanta, GA 30348-5555                                     | _   |  |            |
|          | Number Street City State Zip Code                          | As of the date you file, the claim i                        | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                          |   |  |            |
|          | ☐ Debtor 1 only  | Contingent  |  |            |
|          | ■ Debtor 2 only  | ☐ Unliquidated  |  |            |
|          | ☐ Debtor 1 and Debtor 2 only                               | ☐ Disputed  Type of NONPRIORITY unsecured                   | l claim:                                     |            |
|          | ☐ At least one of the debtors and another                  | Student loans   | ı Ciaiiii.                                   |            |
|          | ☐ Check if this claim is for a community debt              | _   | ration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?                            | report as priority claims                                   | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|          | Yes  | ■ Other. Specify Credit Card                                | Purchases                                    |            |
|          |  | - · · · · · · · · · · · · · ·                               |  |            |

Official Form 106 E/F

| ebtor 1 Dane Massenburg Williams Alicia Lynette Williams                                 | Case number (if known)  |             |  |  |  |
|--|---|-------------|--|--|--|
| Guardian Holdings In   | Last 4 digits of account number   | \$1,799.00  |  |  |  |
| Nonpriority Creditor's Name 3801 Sunset Ave  | When was the debt incurred? 2018  |             |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                     | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent  |             |  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |             |  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans   |             |  |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
| Yes  | Other. Specify Personal Loan  |             |  |  |  |
| Lending Point  | Last 4 digits of account number   | \$26,624.00 |  |  |  |
| Nonpriority Creditor's Name 1201 Roberts Blvd Ste 200                                    | When was the debt incurred?   |             |  |  |  |
| Kennesaw, GA 30144  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
| Debtor 1 only  | ☐ Contingent  |             |  |  |  |
| ■ Debtor 2 only  | ☐ Unliquidated  |             |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans   |             |  |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |             |  |  |  |
| Yes  | Other. Specify Personal Loan  |             |  |  |  |
| New Southern Loans   | Last 4 digits of account number 1868  | \$1,262.0   |  |  |  |
| Nonpriority Creditor's Name 216 N Bickett Blvd Ste 1                                     | When was the debt incurred? 2018  |             |  |  |  |
| Louisburg, NC 27549  Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply   |             |  |  |  |
| Who incurred the debt? Check one.  | ,   |             |  |  |  |
| Debtor 1 only  | ☐ Contingent  |             |  |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated  |             |  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |             |  |  |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |             |  |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans   |             |  |  |  |
| debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |             |  |  |  |
| Is the claim subject to offset?  | report as priority claims   |             |  |  |  |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |
| ☐ Yes  | ■ Other. Specify Personal Loan  |             |  |  |  |

| OneMain   | Last 4 digits of account number                            | 8550   | \$1,935.22                 |
|---|--|--|----------------------------|
| Nonpriority Creditor's Name Wake Pointe Shopping Ctr 11216 Capital Blvd Ste 112 Wake Forest, NC 27587 | When was the debt incurred?                                | 2018   |                            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                                  | As of the date you file, the claim i                       | s: Check all that apply                      |                            |
| Debtor 1 only   | ☐ Contingent   |  |                            |
| Debtor 2 only   | ☐ Unliquidated   |  |                            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                     |                            |
| ☐ Check if this claim is for a community  | ☐ Student loans  |  |                            |
| debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |                            |
| No  | Debts to pension or profit-sharin                          | g plans, and other similar debts             |                            |
| Yes   | Other. Specify Personal Lo                                 | oan  |                            |
|   |  | Multiple                                     |                            |
| Optimum Outcomes Inc ** Nonpriority Creditor's Name   | Last 4 digits of account number                            | Accounts                                     | \$1,318.57                 |
| P.O. Box 58015<br>Raleigh, NC 27658   | When was the debt incurred?                                | 2018   |                            |
| Number Street City State Zip Code   | As of the date you file, the claim i                       | s: Check all that apply                      |                            |
| Who incurred the debt? Check one.   | _  |  |                            |
| Debtor 1 only   | Contingent   |  |                            |
| Debtor 2 only   | ☐ Unliquidated   |  |                            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                     |                            |
| ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa        | ration agreement or divorce that you did not |                            |
| s the claim subject to offset?  | report as priority claims                                  |  |                            |
| ■ No  | Debts to pension or profit-sharin                          | g plans, and other similar debts             |                            |
| Yes   | Other. Specify Medical Bil                                 | ls   |                            |
| State Employees' Credit Union****   | Last 4 digits of account number                            | 1801   | \$4,298.51                 |
| Nonpriority Creditor's Name Post Office Box 28540   | When was the debt incurred?                                | 2018   | <b>4</b> 1, <b>2</b> 010 1 |
| Raleigh, NC 27611-8540  | _  |  |                            |
| Number Street City State Zip Code   | As of the date you file, the claim i                       | s: Check all that apply                      |                            |
| Who incurred the debt? Check one.   |  |  |                            |
| Debtor 1 only   | Contingent   |  |                            |
| Debtor 2 only   | ☐ Unliquidated   |  |                            |
| Debtor 1 and Debtor 2 only  | Disputed   | d alaim.                                     |                            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans             | a ciaim:                                     |                            |
| ☐ Check if this claim is for a community debt   | _  | ration agreement or divorce that you did not |                            |
| Is the claim subject to offset?   | Debts to pension or profit-sharin                          | a plane, and other similar debte             |                            |
| ■ No  |  |  |                            |
| Yes   | Other. Specify Line of Cre                                 | dit  |                            |

Official Form 106 E/F

#### Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 38 of 66

|          | or 2 Alicia Lynette Williams  |  | Case number (if known)                       |            |  |  |  |  |
|----------|---|--|--|------------|--|--|--|--|
| 4.1<br>7 | Upgrade   | Last 4 digits of account number  | 0322   | \$1,927.70 |  |  |  |  |
|          | Nonpriority Creditor's Name  275 Battery Street 23rd Floor                                    | When was the debt incurred?  | 2017   |            |  |  |  |  |
|          | San Francisco, CA 94111  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim   |  |            |  |  |  |  |
|          | Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |  |
|          | ■ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |  |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  |  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community  | Student loans  |  |            |  |  |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |  |  |  |  |
|          | Yes   | Other. Specify Personal L  | oan  |            |  |  |  |  |
| 4.1<br>8 | Wake Emergency Physicians   | Last 4 digits of account number  | 7604   | \$168.37   |  |  |  |  |
|          | Nonpriority Creditor's Name Post Office Box 2249 Pawleys Island, SC 29585-2249                | When was the debt incurred?  | 2017   |            |  |  |  |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim   | s: Check all that apply                      |            |  |  |  |  |
|          | Who incurred the debt? Check one.   |  |  |            |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  |  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims   |  |            |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |  |            |  |  |  |  |
|          | Yes   | Other. Specify Medical Bil   | ls   |            |  |  |  |  |
| 4.1      |   |  | Multiple                                     |            |  |  |  |  |
| 9        | WakeMed   | Last 4 digits of account number  | Accounts                                     | \$2,846.44 |  |  |  |  |
|          | Nonpriority Creditor's Name Post Office Box 2090 Morrisville, NC 27560-2090                   | When was the debt incurred?  | 2017   |            |  |  |  |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim   | s: Check all that apply                      |            |  |  |  |  |
|          | Who incurred the debt? Check one.   |  |  |            |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |  |
|          | Debtor 2 only   | ☐ Debtor 2 only ☐ Unliquidated   |  |            |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  |  |  |            |  |  |  |  |
|          | ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |  |            |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |  |  |
|          | debt Is the claim subject to offset?  | <ul> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |  |            |  |  |  |  |
|          | ■ No  |  |  |            |  |  |  |  |
|          | □Yes  | Other. Specify Medical Bil   | ls   |            |  |  |  |  |
|          |   | - Other. Specify   |  |            |  |  |  |  |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

### Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 39 of 66

| Debtor 1 Dane Massenburg Williams Alicia Lynette Williams  |  | Case number (if known)   |  |  |  |
|--|--|--|--|--|--|
| Name and Address Coastal Federal Credit Union 3039 Cornwallis Research Triangle Park, NC 27709-2238      | On which entry in Part 1 or Part 2 did the Line 4.3 of (Check one):  Last 4 digits of account number | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  |  |  |  |  |  |
| Name and Address Fortiva Card Servicing Dispute Resolution Post Office Box 105341 Atlanta, GA 30348-5341 | On which entry in Part 1 or Part 2 did Line 4.10 of (Check one):  Last 4 digits of account number    | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
| Name and Address Fortiva Card Servicing Dispute Resolution Post Office Box 105374 Atlanta, GA 30348-5550 | On which entry in Part 1 or Part 2 did Line <b>4.10</b> of ( <i>Check one</i> ):                     | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  | Last 4 digits of account number  |  |  |  |  |
| Name and Address Optimum Outcomes Inc Post Office Box 48458  | On which entry in Part 1 or Part 2 did Line 4.18 of (Check one):                                     | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |
| Oak Park, MI 48237   |  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
|  | Last 4 digits of account number  |  |  |  |  |
| Name and Address Optimum Outcomes Inc ** P.O. Box 58015 Raleigh, NC 27658                                | On which entry in Part 1 or Part 2 did Line 4.18 of (Check one):                                     | you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| •  | Last 4 digits of account number  |  |  |  |  |
| Name and Address Professional Recovery Consultants * 2700 Meridian Parkway Suite 200                     | On which entry in Part 1 or Part 2 did Line 4.7 of (Check one):                                      | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
| Durham, NC 27713-2204  | Last 4 digits of account number  |  |  |  |  |
| Name and Address Receivable Solutions, Inc. Post Office Box 1984 Southgate, MI 48195-0984                | On which entry in Part 1 or Part 2 did Line 4.19 of (Check one):  Last 4 digits of account number    | you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 did   | you list the original creditor?  |  |  |  |
| WakeMed *** Attn: Bankruptcy Managing Agent Post Office Box 29516  | Line <u>4.19</u> of ( <i>Check one</i> ):  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims                                   |  |  |  |
| Raleigh, NC 27626  | Last 4 digits of account number  |  |  |  |  |
| Part 4: Add the Amounts for Each Type of   | Unsecured Claim  |  |  |  |  |
| -  |  | al reporting purposes only. 28 U.S.C. §159. Add the amounts for each   |  |  |  |

|              |     |   |     | Total Claim |
|--------------|-----|---|-----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00  |
| Total claims |     |   |     |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                    | 6b. | \$<br>0.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$<br>0.00  |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$<br>0.00  |
|              |     |   |     |             |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                | 6e. | \$<br>0.00  |
|              |     |   |     |             |

Official Form 106 E/F

Debtor 1 Dane Massenburg Williams
Debtor 2 Alicia Lynette Williams

Case number (if known)

0.00

0.00 0.00 60,876.31

60,876.31

| Total<br>claims<br>from Part 2 |
|--------------------------------|
|                                |

|     |   |     | Total Claim |
|-----|---|-----|-------------|
| 6f. | Student loans   | 6f. | \$          |
|     |   |     |             |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          |
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>60    |
|     |   |     |             |
| 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>60    |

| Fill in this infor     | ill in this information to identify your case: |                    |                      |                                      |  |  |  |  |  |
|------------------------|--|--------------------|----------------------|--------------------------------------|--|--|--|--|--|
| Debtor 1               |  |                    |                      |                                      |  |  |  |  |  |
|                        | First Name                                     | Middle Name        | Last Name            |                                      |  |  |  |  |  |
| Debtor 2               | Alicia Lynette Wil                             | lliams             |                      |                                      |  |  |  |  |  |
| (Spouse if, filing)    | First Name                                     | Middle Name        | Last Name            |                                      |  |  |  |  |  |
| United States Ba       | ankruptcy Court for the:                       | EASTERN DISTRICT O | F NORTH CAROLINA (NC |                                      |  |  |  |  |  |
| Case number (if known) |  |                    |                      | ☐ Check if this is an amended filing |  |  |  |  |  |

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P   | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for   |
|-----|---|---|
| 2.1 | Midland Mortgage Company ****** Attn: Managing Agent Post Office Box 268806 Oklahoma City, OK 73126-8806  | Type of Contract: Umeployment Forebearance Agreement Description: Mortgage Assistance Plan Terms: \$198.21 per month (contingent on employment) Buyout Option: No Date: Debtor's Interest: Debtor's Intention: Assume |
| 2.2 | Progressive Leasing/Kay<br>10619 South Jordan Gateway Ste 100<br>South Jordan, UT 84095                   | Type of Contract: Rent to Own Description: Jewelry Terms: 120.63 per month BuyoutOption: Yes Date: Debtor's Interest: Purchaser Debtor's Intention: REJECT  |

Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 42 of 66

| Fill in thi  | is information to identify your case:  |   |
|--|--|---|
|  |  |   |
| Debtor 1   | Dane Massenburg Williams       First Name     Middle Name     Last Name  |   |
| Debtor 2   | Alicia Lynette Williams  |   |
| (Spouse if, fi                                     |  |   |
| United St  | EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)   |   |
| Case nun   | mber   |   |
| (if known)   |  | ☐ Check if this is an amended filing  |
| Codebtor<br>people ar                              | dule H: Your Codebtors  rs are people or entities who are also liable for any debts you may have. Be as complete ar re filing together, both are equally responsible for supplying correct information. If more spand number the entries in the boxes on the left. Attach the Additional Page to this page. One and case number (if known). Answer every question.   | pace is needed, copy the Additional Page,   |
|  | o you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor   |   |
| _  |  |   |
|  |  |   |
| ■ No   | es .   |   |
| 2. Wi<br>Arizo  No Ye  3. In Coin lin              |  | sconsin.)  se is filing with you. List the person shown be listed the creditor on Schedule D (Official  |
| 2. Wi<br>Arizo  No Ye  3. In Coin lin              | ithin the last 8 years, have you lived in a community property state or territory? (Community ona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wiston. Go to line 3.  es. Did your spouse, former spouse, or legal equivalent live with you at the time?  column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse a gaain as a codebtor only if that person is a guarantor or cosigner. Make sure you have in 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedulen 2.   | sconsin.)  se is filing with you. List the person shown be listed the creditor on Schedule D (Official  |
| 2. Wi<br>Arizo No Tye  3. In Co in lin Form out C  | cithin the last 8 years, have you lived in a community property state or territory? (Community on a, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wiston, Go to line 3.  es. Did your spouse, former spouse, or legal equivalent live with you at the time?  column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse a gaain as a codebtor only if that person is a guarantor or cosigner. Make sure you have in 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedulen 2.  Column 1: Your codebtor  Name, Number, Street, City, State and ZIP Code  Column 2: Column 2: Column 2: Column 3: Your codebtor   | se is filing with you. List the person shown is listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill to the creditor to whom you owe the debt schedules that apply:   |
| 2. Wi<br>Arizo  No Ye  3. In Coin lin              | ithin the last 8 years, have you lived in a community property state or territory? (Community on a, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wiston. Go to line 3.  es. Did your spouse, former spouse, or legal equivalent live with you at the time?  column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have an 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedulm 2.  Column 1: Your codebtor  Name, Number, Street, City, State and ZIP Code  Schedule G (Schedule Column 2)  Column 2 Check all  | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill c: The creditor to whom you owe the debt schedules that apply:   |
| 2. Wi<br>Arizo No Tye  3. In Co in lin Form out C  | cithin the last 8 years, have you lived in a community property state or territory? (Community on a, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wiston, Coline 3.  es. Did your spouse, former spouse, or legal equivalent live with you at the time?  column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have an 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule 2.  Column 1: Your codebtor  Name, Number, Street, City, State and ZIP Code  Schedule Sched | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill c: The creditor to whom you owe the debt schedules that apply:   |
| 2. Wi<br>Arizo No Tye  3. In Co in lin Form out C  | cithin the last 8 years, have you lived in a community property state or territory? (Community on a, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wiston, Go to line 3.  es. Did your spouse, former spouse, or legal equivalent live with you at the time?  column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse a gaain as a codebtor only if that person is a guarantor or cosigner. Make sure you have in 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule 1: Your codebtor  Name.  Column 1: Your codebtor  Name, Number, Street, City, State and ZIP Code  Schedule Schedul | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill c: The creditor to whom you owe the debt schedules that apply:   |
| 2. Wi<br>Arizo No Tye  3. In Co in lin Form out C  | cithin the last 8 years, have you lived in a community property state or territory? (Community on a, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wiston, Coline 3.  es. Did your spouse, former spouse, or legal equivalent live with you at the time?  column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have an 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule 2.  Column 1: Your codebtor  Name, Number, Street, City, State and ZIP Code  Schedule Sched | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill c: The creditor to whom you owe the debt schedules that apply:   |
| 2. Wi<br>Arizo  No  Ye  3. In Co in lin Form out C | ithin the last 8 years, have you lived in a community property state or territory? (Community ona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wison, Go to line 3.  es. Did your spouse, former spouse, or legal equivalent live with you at the time?  column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse a guarantor or cosigner. Make sure you have in 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule Column 2.  Column 1: Your codebtor  Name  Column 2: Column 2: Street  City State Street  City State ZIP Code  | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill to the creditor to whom you owe the debt schedules that apply:    The creditor to whom you owe the debt schedules that apply:   Ule D, line     Ule E/F, line     Ule G, line  |
| 2. Wi<br>Arizo No Tye  3. In Co in lin Form out C  | ithin the last 8 years, have you lived in a community property state or territory? (Community on a California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, New Mexico, Puerto Rico, Puerto Ric | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill c: The creditor to whom you owe the debt schedules that apply:   |
| 2. Wi<br>Arizo  No  Ye  3. In Co in lin Form out C | ithin the last 8 years, have you lived in a community property state or territory? (Community on a, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Puerto | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill by:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  |
| 2. Wi<br>Arizo  No  Ye  3. In Co in lin Form out C | ithin the last 8 years, have you lived in a community property state or territory? (Community on a, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Williams, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Puerto | se is filing with you. List the person shown be listed the creditor on Schedule D (Official edule D, Schedule E/F, or Schedule G to fill by:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply:  The creditor to whom you owe the debt schedules that apply: |

| Fill in this informat           | tion to identify your case:  |   |
|---------------------------------|--|---|
| Debtor 1                        | Dane Massenburg Williams   |   |
| Debtor 2<br>(Spouse, if filing) | Alicia Lynette Williams  |   |
| United States Ban               | nkruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) |   |
| Case number<br>(If known)       |  | Check if this is:  An amended filing  As amplement showing postpetition chapter |
| Official Fo                     | <u>rm 106l</u>   | 13 income as of the following date:  MM / DD/ YYYY                              |

#### Official Form 1061

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed If you have more than one job, Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Front Desk Insurance Sales** Include part-time, seasonal, or **Employer's name Embessy Suites New York Life** self-employed work. **Employer's address** Occupation may include student 8001 Arco Corporate Drive Post Office Box 4869 or homemaker, if it applies. Raleigh, NC 27617 Atlanta, GA 30302-4869 How long employed there? 4 months just started June 2019

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 2. 1,846.92 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 1,846.92 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

| Debto<br>Debto |                   | Dane Massenburg Williams<br>Alicia Lynette Williams  | _              |     | Case    | number ( <i>if k</i> | nown) | _   |                     |                |                  |
|----------------|-------------------|--|----------------|-----|---------|----------------------|-------|-----|---------------------|----------------|------------------|
|                |                   |  |                |     | For     | Debtor 1             |       |     | For Debtor          |                |                  |
| (              | Сор               | y line 4 here  | 4.             |     | \$      | 1,84                 | 6.92  |     | \$                  | 0.00           | _                |
| 5. I           | List              | all payroll deductions:  |                |     |         |                      |       |     |                     |                |                  |
|                | 5a.               | Tax, Medicare, and Social Security deductions  | 5              | a.  | \$      | 19                   | 9.29  |     | \$                  | 0.00           | 1                |
|                | 5b.               | Mandatory contributions for retirement plans   | 51             |     | \$_     |                      | 0.00  | _   | \$                  | 0.00           | _                |
|                | 5c.               | Voluntary contributions for retirement plans   | 50             |     | \$      |                      | 0.00  | _   | \$                  | 0.00           |                  |
| !              | 5d.               | Required repayments of retirement fund loans   | 50             | d.  | \$_     |                      | 0.00  | _   | \$                  | 0.00           | _                |
|                | 5e.               | Insurance  | 56             | e.  | \$      |                      | 0.00  | _   | \$                  | 0.00           | 1                |
| !              | 5f.               | Domestic support obligations   | 51             | f.  | \$      | (                    | 0.00  |     | \$                  | 0.00           |                  |
|                | 5g.               | Union dues   | 5              | g.  | \$      | (                    | 0.00  |     | \$                  | 0.00           |                  |
| ;              | 5h.               | Other deductions. Specify:   | 5I             | h.+ | \$      | (                    | 0.00  | _+  | . \$                | 0.00           |                  |
| 6.             | Add               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.             |     | \$      | 19                   | 9.29  |     | \$                  | 0.00           | )                |
| 7. (           | Calc              | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.             |     | \$      | 1,64                 | 7.63  |     | \$                  | 0.00           | )                |
|                | List<br>8a.       | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                  |                |     |         |                      |       | _   |                     |                | _                |
|                |                   | monthly net income.  | 88             | a.  | \$      | (                    | 0.00  |     | \$                  | 0.00           | )                |
| 8              | 8b.               | Interest and dividends   | 81             | b.  | \$_     | (                    | 0.00  |     | \$                  | 0.00           | <u> </u>         |
|                | 8c.               | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | <b>t</b><br>80 | r:  | \$      |                      | 0.00  | _   | \$                  | 0.00           | _                |
| ,              | 8d.               | Unemployment compensation  | 80             |     | \$<br>_ |                      | 0.00  | _   | \$                  | 0.00           | _                |
|                | 8e.               | Social Security  | 86             |     | \$_     |                      | 0.00  | _   | \$                  | 0.00           | _                |
| 8              | 8f.               | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Adoption Assistance | 8f             |     | \$      |                      | 0.00  | _   | \$                  | 581.00         | _                |
|                | 8g.               | Pension or retirement income   | 89             |     | \$_     |                      | 0.00  | _   | \$                  | 0.00           | _                |
| 8              | 8h.               | Other monthly income. Specify: Contributions for Car Payment   | 81             | h.+ | \$      |                      | 0.00  | _   |                     | 420.01         | _                |
|                |                   | Foster Care Assistance   | _              | _   | \$_     | (                    | 0.00  | _   | \$1                 | ,200.00        | <u></u>          |
| 9.             | Add               | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.             | .   | \$      | (                    | 0.00  |     | \$                  | 2,201.0        | 1                |
|                |                   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.            | \$_ |         | 1,647.63             | + [   | S_  | 2,201.01            | = \$           | 3,848.64         |
| <br>           | Incluothe<br>Do r | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:                          | r dep          |     | ,       | ,                    |       | ,   | d in <i>Schedul</i> | le J.<br>+\$   | 0.00             |
| ١              |                   | the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certailes  |                |     |         |                      |       |     |                     |                | 3,848.64         |
|                | _ `               | you expect an increase or decrease within the year after you file this form  | n?             |     |         |                      |       |     |                     | Combi<br>month | ned<br>ly income |
|                |                   | No.  Yes. Explain: *Co-Debtor just started a new job that is commi   | ssio           | n h | asec    | l but in t           | rain  | ind | and will h          | nave to        | pass the         |
| '              | _                 | state exam in July before receiving income.*   |                |     |         |                      |       |     | ,                   |                | ,                |

Official Form 106l Schedule I: Your Income page 2

| Fill   | in this informa            | ation to identify yo                  | our case:     |  |   |                     |  |                               |  |  |  |
|--------|----------------------------|---------------------------------------|---------------|--|---|---------------------|--|-------------------------------|--|--|--|
| Deb    | otor 1                     | Dane Masse                            | nbura W       | illiams  |   | Che                 | eck if this is:                        |                               |  |  |  |
|        |                            |                                       |               |  |   | ☐ An amended filing |  |                               |  |  |  |
|        | otor 2                     | Alicia Lynett                         | e Willian     | ns   |   |                     | A supplement show<br>13 expenses as of | ving postpetition chapter     |  |  |  |
| (Spo   | ouse, if filing)           |                                       |               |  |   |                     | 10 expenses as of                      | the following date.           |  |  |  |
| Unit   | ted States Bank            | ruptcy Court for the                  |               | RN DISTRICT OF NORTH<br>(EMPTIONS)   | H CAROLINA                              |                     | MM / DD / YYYY                         |                               |  |  |  |
|        | se number<br>.nown)        |                                       |               |  |   |                     |  |                               |  |  |  |
| $\Box$ | fficial Fo                 | orm 106J                              |               |  |   |                     |  |                               |  |  |  |
|        |                            |                                       |               |  |   |                     |  |                               |  |  |  |
|        |                            | J: Your                               |               |  | CU ( (                                  | . 11                |  | 12/15                         |  |  |  |
| info   | ormation. If m             |                                       | eded, atta    | . If two married people and the control of the cont |   |                     |  |                               |  |  |  |
| Par    | t 1: Desc                  | ribe Your House                       | ehold         |  |   |                     |  |                               |  |  |  |
| 1.     | Is this a joi              |                                       |               |  |   |                     |  |                               |  |  |  |
|        | ☐ No. Go to                | o line 2.                             |               |  |   |                     |  |                               |  |  |  |
|        | Yes. Doe                   | es Debtor 2 live                      | in a separ    | ate household?   |   |                     |  |                               |  |  |  |
|        |                            | lo                                    |               |  |   |                     |  |                               |  |  |  |
|        |                            |                                       | st file Offic | ial Form 106J-2, Expenses  | s for Separate House                    | hold of De          | btor 2.                                |                               |  |  |  |
| 2.     |                            | e dependents?                         |               |  |   |                     |  |                               |  |  |  |
| ۷.     | -                          | •                                     |               | E11 - 141 - 16 - 16 - 16   | B I . d I . d                           |                     | 5                                      | 5                             |  |  |  |
|        | Do not list D<br>Debtor 2. | ebtor 1 and                           | ■ Yes.        | Fill out this information for each dependent   | Dependent's relation Debtor 1 or Debtor |                     | Dependent's age                        | Does dependent live with you? |  |  |  |
|        | Do not state               | the                                   |               |  |   |                     | _                                      | □ No                          |  |  |  |
|        | dependents                 | names.                                |               |  | Nephew                                  |                     | 2                                      | Yes                           |  |  |  |
|        |                            |                                       |               |  | Daughtar                                |                     | 0                                      | □ No                          |  |  |  |
|        |                            |                                       |               |  | Daughter                                |                     | 8                                      | ■ Yes                         |  |  |  |
|        |                            |                                       |               |  | Son                                     |                     | 11                                     | □ No<br>■ X                   |  |  |  |
|        |                            |                                       |               |  |   |                     |  | ■ Yes<br>□ No                 |  |  |  |
|        |                            |                                       |               |  | Son                                     |                     | 14                                     | ■ Yes                         |  |  |  |
|        |                            |                                       |               |  |   |                     |  | ■ res                         |  |  |  |
|        |                            |                                       |               |  | Goddaughter                             |                     | 18                                     | ■ Yes                         |  |  |  |
|        |                            |                                       |               |  |   |                     |  | □ No                          |  |  |  |
|        |                            |                                       |               |  | Daughter                                |                     | 20                                     | Yes                           |  |  |  |
| 3.     |                            | penses include                        |               | l <sub>No</sub>  |   |                     |  |                               |  |  |  |
|        |                            | f people other to<br>d your depende   | han _         | l Yes  |   |                     |  |                               |  |  |  |
|        | yoursen an                 | a your depende                        | 1115 ?        |  |   |                     |  |                               |  |  |  |
|        |                            | nate Your Ongoi                       |               |  |   |                     |  |                               |  |  |  |
|        |                            |                                       |               | uptcy filing date unless y<br>by is filed. If this is a supp   |   |                     |  |                               |  |  |  |
|        | olicable date.             |                                       | - п           | ,, .cc   |   | o, oo               |  |                               |  |  |  |
| Inc    | luda avnansa               | s naid for with                       | non-cash      | government assistance i  | if you know                             |                     |  |                               |  |  |  |
|        |                            |                                       |               | cluded it on <i>Schedule I:</i> \  |   |                     |  |                               |  |  |  |
| (Of    | ficial Form 10             | )6I.)                                 |               |  |   |                     | Your expe                              | enses                         |  |  |  |
| ,      | The                        |                                       |               |  | la alicela Cast                         |                     |  |                               |  |  |  |
| 4.     |                            | or home owners<br>and any rent for th |               | nses for your residence. I<br>or lot.  | include first mortgage                  | 4.                  | \$                                     | 198.21                        |  |  |  |
|        |                            | ·                                     | . g a a c     |  |   |                     | -                                      |                               |  |  |  |
|        | If not include             | ded in line 4:                        |               |  |   |                     |  |                               |  |  |  |
|        | 4a. Real                   | estate taxes                          |               |  |   | 4a.                 | \$                                     | 0.00                          |  |  |  |
|        | 4b. Prope                  | erty, homeowner's                     | s, or renter  | r's insurance  |   | 4b.                 | \$                                     | 0.00                          |  |  |  |

Official Form 106J Schedule J: Your Expenses page 1

| Debto<br>Debto |  | Case number (if known) |       |
|----------------|--|------------------------|-------|
| 4              | c. Home maintenance, repair, and upkeep expenses                           | 4c. \$                 | 0.00  |
| 4              | d. Homeowner's association or condominium dues                             | 4d. \$                 | 20.00 |
| 5. <i>I</i>    | additional mortgage payments for your residence, such as home equity loans | 5. \$                  | 0.00  |

| Debtor 1<br>Debtor 2 |   | Dane Massenburg Williams<br>Alicia Lynette Williams                                   | Case num     | Case number (if known) |          |  |
|----------------------|---|---|--------------|------------------------|----------|--|
| 6.                   | Utilit  | ies:  |              |                        |          |  |
| 0.                   | 6a.   | Electricity, heat, natural gas  | 6a.          | \$                     | 150.00   |  |
|                      | 6b.   | Water, sewer, garbage collection  | 6b.          | · .                    | 100.00   |  |
|                      | 6c.   | Telephone, cell phone, Internet, satellite, and cable services                        | 6c.          | \$                     | 0.00     |  |
|                      | 6d.   | Other. Specify: Cell Phone  | 6d.          | \$                     | 250.00   |  |
|                      |   | Cable   |              | \$                     | 70.00    |  |
|                      |   | Internet  |              | \$                     | 70.00    |  |
| 7.                   | Food  | I and housekeeping supplies   |              | \$                     | 800.00   |  |
| 8.                   |   | dcare and children's education costs  | 8.           | \$                     | 0.00     |  |
| 9.                   |   | ning, laundry, and dry cleaning   | 9.           | · <u> </u>             | 50.00    |  |
|                      |   | onal care products and services   | 10.          | · : ————               | 50.00    |  |
| 11.                  |   | cal and dental expenses   | 11.          | *                      | 50.00    |  |
|                      |   | sportation. Include gas, maintenance, bus or train fare.                              | • • • •      | Ψ                      | 30.00    |  |
| 12.                  |   | ot include car payments.  | 12.          | \$                     | 350.00   |  |
| 13.                  |   | rtainment, clubs, recreation, newspapers, magazines, and books                        | 13.          | \$                     | 75.00    |  |
|                      |   | itable contributions and religious donations  | 14.          | \$                     | 0.00     |  |
|                      | Insu  | <u> </u>  |              |                        |          |  |
|                      | Do no   | ot include insurance deducted from your pay or included in lines 4 or 20.             |              |                        |          |  |
|                      | 15a.  | Life insurance  | 15a.         | \$                     | 0.00     |  |
|                      | 15b.  | Health insurance  | 15b.         | \$                     | 0.00     |  |
|                      | 15c.  | Vehicle insurance   | 15c.         | \$                     | 350.00   |  |
|                      | 15d.  | Other insurance. Specify:   | 15d.         | \$                     | 0.00     |  |
| 16.                  | Taxe  | s. Do not include taxes deducted from your pay or included in lines 4 or 20.          |              |                        |          |  |
|                      |   | ify: Personal Property Taxes  | 16.          | \$                     | 50.00    |  |
| 17.                  | Insta   | Illment or lease payments:  |              |                        |          |  |
|                      | 17a.  | Car payments for Vehicle 1  | 17a.         | \$                     | 420.01   |  |
|                      | 17b.  | Car payments for Vehicle 2  | 17b.         | \$                     | 633.49   |  |
|                      | 17c.  | Other. Specify: Car Payment for Vehicle #3  | 17c.         | \$                     | 723.00   |  |
|                      |   | Other. Specify:   | 17d.         | \$                     | 0.00     |  |
| 18.                  |   | payments of alimony, maintenance, and support that you did not report as              | <br>18.      | •                      | 0.00     |  |
| 10                   |   | icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).          | 10.          | ·                      |          |  |
| 19.                  |   | r payments you make to support others who do not live with you.                       | 10           | \$                     | 0.00     |  |
| 20                   | Spec  | r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e | 19.          | our Incomo             |          |  |
| 20.                  |   | Mortgages on other property   | 20a.         |                        | 0.00     |  |
|                      |   | Real estate taxes   | 20a.<br>20b. |                        | 0.00     |  |
|                      |   | Property, homeowner's, or renter's insurance  | 20c.         | ·                      | 0.00     |  |
|                      |   | Maintenance, repair, and upkeep expenses  | 20d.         | · <del></del>          | 0.00     |  |
|                      |   | Homeowner's association or condominium dues   | 20d.<br>20e. | · <u> </u>             |          |  |
| 24                   |   |   |              | Ψ<br>+\$               | 0.00     |  |
|                      |   | r: Specify:   |              | +\$                    | 0.00     |  |
| 22.                  |   | ulate your monthly expenses   |              |                        |          |  |
|                      |   | Add lines 4 through 21.   |              | \$                     | 4,409.71 |  |
|                      | 22b.  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2       |              | \$                     |          |  |
|                      | 22c.  | Add line 22a and 22b. The result is your monthly expenses.                            |              | \$                     | 4,409.71 |  |
| 23.                  | Calc  | ulate your monthly net income.  |              |                        |          |  |
| _0.                  |   | Copy line 12 (your combined monthly income) from Schedule I.                          | 23a.         | \$                     | 3,848.64 |  |
|                      |   | Copy your monthly expenses from line 22c above.                                       | 23b.         | ·                      | 4,409.71 |  |
|                      |   | 100 0 - 1   | _00.         | *                      |          |  |
|                      | 23c. Subtract your monthly expenses from your monthly income. |   |              |                        |          |  |
|                      |   | The result is your monthly net income.  | 23c.         | \$                     | -561.07  |  |
| 24                   | Dov   | ou expect an increase or decrease in your expenses within the year after yo           | u filo this  | form?                  |          |  |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

□ No.

Yes.

Explain here: \*The mortgage is currently in a unemployment forbearance agreement; the actual amount monthly is \$1,982.01 per month.\*

|             | Case 13                             | -02123-3-DIVIVV                                   | DUCT FILEU   | 00/13/19 Entered 00/13/19 11.43.4   | 4 Fay       | e 40 01 00                       |
|-------------|-------------------------------------|---|--|---|-------------|----------------------------------|
| Fill        | in this informa                     | ation to identify your                            | case:  |   |             |                                  |
| Del         | btor 1                              | Dane Massenburg                                   | g Williams   |   |             |                                  |
|             |                                     | First Name  | Middle Name  | Last Name   |             |                                  |
| 1           | btor 2<br>ouse if, filing)          | Alicia Lynette Wil                                | Middle Name  | Last Name   |             |                                  |
| Uni         | ited States Banl                    | kruptcy Court for the:                            | EASTERN DISTRICT EXEMPTIONS)                       | OF NORTH CAROLINA (NC   |             |                                  |
| Cas         | se number                           |   |  |   |             |                                  |
| (if kr      | nown)                               |   |  |   | _           | ck if this is an<br>nded filing  |
| Su          | mmary of                            |   |  | and Certain Statistical Information   |             | 12/15                            |
| info<br>you | rmation. Fill or<br>r original form | ut all of your schedule<br>s, you must fill out a | es first; then complete                            | ole are filing together, both are equally responsible the information on this form. If you are filing amer eck the box at the top of this page. |             |                                  |
| Par         | Summa                               | rize Your Assets                                  |  |   |             | assets<br>of what you own        |
| 1.          | Schedule A/I<br>1a. Copy line       | <b>B: Property</b> (Official Fo                   | orm 106A/B)<br>rom Schedule A/B                    |   | \$          | 290,000.00                       |
|             | 1b. Copy line                       | 62, Total personal proj                           | perty, from Schedule A/I                           | В   | \$          | 51,590.00                        |
|             | 1c. Copy line                       | 63, Total of all property                         | y on Schedule A/B                                  |   | \$          | 341,590.00                       |
| Par         | rt 2: Summa                         | rize Your Liabilities                             |  |   |             |                                  |
|             |                                     |   |  |   |             | <b>liabilities</b><br>nt you owe |
| 2.          |                                     |   | laims Secured by Prope<br>mn A, Amount of claim, a | rty (Official Form 106D) at the bottom of the last page of Part 1 of Schedule D   | \$          | 360,020.70                       |
| 3.          |                                     |   | Unsecured Claims (Office 1 (priority unsecured cla | cial Form 106E/F)<br>nims) from line 6e of <i>Schedule E/F</i>  | \$          | 0.00                             |
|             | 3b. Copy the                        | total claims from Part                            | 2 (nonpriority unsecured                           | d claims) from line 6j of Schedule E/F  | \$          | 60,876.31                        |
|             |                                     |   |  | Your total liabilitie   | *s   \$     | 420,897.01                       |
| Par         | rt 3: Summa                         | rize Your Income and                              | Expenses   |   |             |                                  |
| 4.          |                                     | our Income (Official Fo                           |  | ule I   | \$          | 3,848.64                         |
| 5.          | Schedule J: \ Copy your mo          | Your Expenses (Official onthly expenses from li   | Form 106J)<br>ne 22c of <i>Schedule J</i>          |   | \$          | 4,409.71                         |
| Par         | rt 4: Answer                        | These Questions for                               | Administrative and St                              | atistical Records   |             |                                  |
| 6.          | -                                   |   | er Chapters 7, 11, or 13 on this part of the form. | 3? Check this box and submit this form to the court with y  | our other s | chedules.                        |
| 7.          | ■ Yes What kind of                  | debt do you have?                                 |  |   |             |                                  |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

#### Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 49 of 66

|          | Dane Massenburg Williams             |                        |  |
|----------|--------------------------------------|------------------------|--|
| Debtor 2 | Alicia Lynette Williams              | Case number (if known) |  |
|          | the court with your other schedules. |                        |  |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| \$5,543.57 |
|------------|
|------------|

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following:   |       |       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_   | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_  | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 0.00  |

| Fill in this infor  | mation to identify your   | case:                           |            |  |  |
|---------------------|---|---------------------------------|------------|--|--|
| Debtor 1            | Dane Massenbur  | g Williams                      |            |  |  |
|                     | First Name  | Middle Name                     | Las        | Name   |  |
| Debtor 2            | Alicia Lynette Wil  | lliams                          |            |  |  |
| (Spouse if, filing) | First Name  | Middle Name                     | Las        | Name   |  |
| United States Ba    | ankruptcy Court for the:  | EASTERN DISTRICT OF EXEMPTIONS) | NORTH C    | AROLINA (NC                                      |  |
| Case number         |   |                                 |            |  |  |
| (if known)          |   |                                 |            |  | ☐ Check if this is an amended filing   |
|                     |   |                                 |            | or's Schedules upplying correct information.     | 12/15  |
| obtaining money     |   | n connection with a bankr       |            |  | tement, concealing property, or<br>100, or imprisonment for up to 20         |
| Sign                | n Below   |                                 |            |  |  |
| Did you pa          | y or agree to pay some  | one who is NOT an attorn        | ey to help | you fill out bankruptcy forms?                   |  |
| ■ No                |   |                                 |            |  |  |
| ☐ Yes. N            | Name of person  |                                 |            |  | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
| that they are       | alty of perjury, I declare<br>e true and correct.<br>ne Massenburg Willia |                                 |            | chedules filed with this declarat                | ion and  |
|                     | Massenburg Williams<br>re of Debtor 1                                     | 5                               |            | Alicia Lynette Williams<br>Signature of Debtor 2 |  |

Date June 13, 2019

Date June 13, 2019

| If you are an individual filing under chapter 7, you must fill out this form if:  ☐ creditors have claims secured by your property, or  ☐ you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors mus sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional page write your name and case number (if known).  Part 1: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt?  Creditor's Ally Financial ** name:  ☐ Surrender the property and redeem it.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and enter into a Reaffirmation Agreement.  ☐ Retain the property and redeem it.  ☐ No  ☐ Retain the property and redeem it.  ☐ Retain the property and redeem it.  | Fill in this inform       | nation to identify your case:  |   |   |  |  |
|--|---------------------------|--|---|---|--|--|
| Debtor 2   Spouse if, filling   Piets Name   Middle Name   Last Na | Debtor 1                  | Dane Massenburg Williams   |   |   |  |  |
| Check if this is an amended filing   |                           | First Name Middle Name   | Last Name   |   |  |  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA (INC EXEMPTIONS)    Case number   |                           |  | LastNama  |   |  |  |
| Case number (If known)  Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/1  If you are an individual filing under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors mus sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional page write your name and case number (if known).  Part 1:  List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral  What do you intend to do with the property that  secures a debt?  Did you claim the property as exempt on Schedule  Creditor's Ally Financial **  AWD 33,529 miles  Value = Clean Trade - 20%  Progressive Insurance Policy #:  9584  Creditor's Capital One Auto Finance **  Surrender the property.  Retain the property and enter into a  Reafilimation Agreement.  Retain the property and eleven it.  Retain the property and redeem it.   | (Spouse if, filing)       | First Name Middle Name   | Last Name   |   |  |  |
| Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/1  If you are an individual filing under chapter 7, you must fill out this form if:   | United States Ba          |  | RICT OF NORTH CAROLINA (NC                            |   |  |  |
| Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7  12/1  If you are an individual filing under chapter 7, you must fill out this form if:   | _                         |  |   | <del>_</del>  |  |  |
| you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional page write your name and case number (if known).  Part 1: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt?  Did you claim the property as exempt on Schedule  Creditor's Ally Financial **   Surrender the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Property securing debt: Progressive Insurance Policy #: 9584  Creditor's Capital One Auto Finance **   Surrender the property.   No name:   Surrender the property and redeem it.   Surrender the property and redeem it.   No name:   Surrender the property and redeem it.   Surrender the property and redeem it.   No name:   Surrender the property and redeem it.   Surrender the property an | Statemer                  | nt of Intention for Individual filing under chapter 7, you must f                    |   | er 7 12/15  |  |  |
| You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors mus sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional page write your name and case number (if known).  Part 1: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt?  Creditor's Ally Financial **   | creditors have            | e claims secured by your property, or  |   |   |  |  |
| Sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional page write your name and case number (if known).  Part 1: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral   | You must file this whiche | s form with the court within 30 days afte ver is earlier, unless the court extends t | r you file your bankruptcy petition or by the date se |   |  |  |
| write your name and case number (if known).  Part 1: List Your Creditors Who Have Secured Claims  1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt?  Creditor's Ally Financial **  name:  Description of property AWD 33,629 miles  Value = Clean Trade - 20%  Progressive Insurance Policy #:  9584  Creditor's Capital One Auto Finance **  name:  Surrender the property.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Surrender the property and [explain]:   |                           |  | oth are equally responsible for supplying correct in  | formation. Both debtors must                        |  |  |
| 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral  What do you intend to do with the property that secures a debt?  Did you claim the property secures a debt?  Did you claim the property secures a debt?  Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Yes  Creditor's Capital One Auto Finance **  I Surrender the property.  Retain the property and [explain]:   |                           |  | is needed, attach a separate sheet to this form. On   | the top of any additional pages,                    |  |  |
| 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.  Identify the creditor and the property that is collateral  What do you intend to do with the property that secures a debt?  Did you claim the property secures a debt?  Did you claim the property secures a debt?  Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Yes  Creditor's Capital One Auto Finance **  I Surrender the property.  Retain the property and [explain]:   | Part 1: List Yo           | our Creditors Who Have Secured Claims  |   |   |  |  |
| Creditor's Ally Financial ** name:  Description of property Securing debt:  Creditor's Capital One Auto Finance ** name:  Creditor's Capital One Auto Finance ** No  Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:  Creditor's Capital One Auto Finance ** No  Surrender the property.  Surrender the property.  Retain the property.  Retain the property.   | 1. For any credito        | ors that you listed in Part 1 of Schedule  |   | (Official Form 106D), fill in the                   |  |  |
| Description of property AWD 33,629 miles Value = Clean Trade - 20% Progressive Insurance Policy #: 9584  Creditor's Capital One Auto Finance **  Description of property AWD 33,629 miles Value = Clean Trade - 20% Progressive Insurance Policy #: 9584  Creditor's Capital One Auto Finance **  Retain the property and redeem it.  Retain the property and [explain]:  Yes  Yes  Yes  |                           |  |   | Did you claim the property as exempt on Schedule C? |  |  |
| Description of property securing debt:  Creditor's Capital One Auto Finance **  Description of property shaded and a control of the property and enter into a realistic proper |                           | lly Financial **   |   |   |  |  |
| property securing debt:  AWD 33,629 miles Value = Clean Trade - 20% Progressive Insurance Policy #: 9584  Creditor's Capital One Auto Finance **  name:  Retain the property and [explain]:  Surrender the property.  Retain the property.   | Description of            | 2015 Nissan Pagua Utility 4dr S  |   | ■ Yes   |  |  |
| Securing debt:  Value = Clean Trade - 20% Progressive Insurance Policy #: 9584  Creditor's Capital One Auto Finance **  name:  Surrender the property and [explain].   |                           | •  | <u> </u>  |   |  |  |
| name: Retain the property and redeem it.   |                           | Value = Clean Trade - 20% Progressive Insurance Policy #:                            | ☐ Retain the property and [explain]:                  | _   |  |  |
|  | Creditor's C              | apital One Auto Finance **   |   | □ No  |  |  |
| Potain the property and enter into a   | name:                     |  | ☐ Retain the property and redeem it.                  | <u>_</u>  |  |  |
| Description of property  Utility 4dr AWD 113,001 miles securing debt:  Description of Utility 4dr AWD 113,001 miles securing debt:  Description of Utility 4dr AWD 113,001 miles Retain the property and enter into a Retain the Property | property                  | Utility 4dr AWD 113,001 miles  |   | ■ Yes   |  |  |

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

 $\hfill\square$  Surrender the property.

9584

**Progressive Insurance Policy #:** 

Midland Mortgage Company \*\*\*\*\*\*

☐ No

|  | ∕lassenburg Williams<br>_ynette Williams  | Case number (if kno   | wn)  |
|--|---|---|--|
| name:  |   | ☐ Retain the property and redeem it.  | ■ Yes                                      |
| Description of   | 195 Clubhouse Drive   | Retain the property and enter into a Reaffirmation Agreement.   | _ 165                                      |
| securing debt:   | Youngsville, NC 27596 Franklin<br>County<br>House & Lot:  | Retain the property and [explain]:  |  |
| t  | Residence<br>*Taxes and Insurance ARE<br>Escrowed*  | Retain Collateral and CoDebtor Will Continue to make payments.  |  |
| Creditor's <b>San</b> name:                              | tander Consumer USA **  | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No                                       |
| property<br>securing debt:                               | 2017 Chrysler Pacifica Wagon<br>4dr Touring L 95,001 miles<br>Value = Clean Trade - 20%<br>(-\$3,625 for mileage)<br>Progressive Insurance Policy #:<br>9584    | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>  | ■ Yes                                      |
| Creditor's <b>Uni</b>                                    | ted Consumer Finance Services   | ■ Surrender the property.   | □ No                                       |
| •  | Vacuum<br>'Debtor to Surrender*   | <ul> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul> | ■ Yes                                      |
| For any unexpired in the information by You may assume a | pelow. Do not list real estate leases. Un<br>n unexpired personal property lease if   | in Schedule G: Executory Contracts and Unexpexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(                                | the lease period has not yet ended. p)(2). |
| Describe your une  | xpired personal property leases   |   | Will the lease be assumed?                 |
| Lessor's name:   | Midland Mortgage Company **   | ****  | □ No                                       |
|  |   |   | ■ Yes                                      |
| Description of lease<br>Property:                        | Type of Contract: Umeploymer Description: Mortgage Assista Terms: \$198.21 per month (cor Buyout Option: No Date: Debtor's Interest: Debtor's Intention: Assume | nce Plan  |  |
| Lessor's name:   | Progressive Leasing/Kay   |   | ■ No                                       |
|  |   |   | ☐ Yes                                      |
| Description of lease<br>Property:                        | Type of Contract: Rent to Own<br>Description: Jewelry<br>Terms: 120.63 per month<br>BuyoutOption: Yes   |   |  |

Official Form 108

| Debtor 1 | Dane Massenburg Williams |                        |
|----------|--------------------------|------------------------|
| Debtor 2 | Alicia Lynette Williams  | Case number (if known) |
|          |                          |                        |

Date:

Debtor's Interest: Purchaser Debtor's Intention: REJECT

| Debto<br>Debto | •   | Case number (if known)  |      |
|----------------|---|---|------|
|                |   |   |      |
|                |   |   |      |
|                |   |   |      |
| Part 3         | Sign Below  |   |      |
|                | penalty of perjury, I declare that I have indicated ty that is subject to an unexpired lease. | my intention about any property of my estate that secures a debt and any pers | onal |
|                |   |   |      |
| X /            | s/ Dane Massenburg Williams   | X /s/ Alicia Lynette Williams   |      |
|                | s/ Dane Massenburg Williams<br>Dane Massenburg Williams                                       | X /s/ Alicia Lynette Williams Alicia Lynette Williams                         |      |
|                |   |   |      |

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)**

| In 1 | Dane Massenburg Williams re Alicia Lynette Williams   | Case No.  |   |
|------|---|---|---|
|      | Debtor(s)   | Chapter   | 7   |
|      | DISCLOSURE OF COMPENSATION OF ATTORN  | NEY FOR DI  | EBTOR(S)  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney compensation paid to me within one year before the filing of the petition in bankruptcy, or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankr  | agreed to be paid   | to me, for services rendered or to                        |
|      | For legal services, I have agreed to accept   | \$  | 1,390.00  |
|      | Prior to the filing of this statement I have received   |   | 1,390.00  |
|      | Balance Due   | \$  | 0.00  |
| 2.   | \$335.00 of the filing fee has been paid.   |   |   |
| 3.   | The source of the compensation paid to me was:  |   |   |
|      | ■ Debtor □ Other (specify):   |   |   |
| 1.   | The source of compensation to be paid to me is:   |   |   |
|      | ■ Debtor □ Other (specify):   |   |   |
| 5.   | ■ I have not agreed to share the above-disclosed compensation with any other person un  | less they are mem   | bers and associates of my law firm.                       |
|      | ☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the co   |   |   |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of   | of the bankruptcy of                                      | case, including:  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determinent.</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which much recommend to the debtor at the meeting of creditors and confirmation hearing, and described.</li> <li>[Other provisions as needed]</li> <li>Exemption planning, Means Test planning, and other items if specific or required by Bankruptcy Court local rule. May include fee paid to consider the provisions.</li> </ul> | ay be required;<br>any adjourned hea<br>cally included in | rings thereof; n attorney/client fee contract             |
| _    | meeting.  |   |   |
| 7.   | By agreement with the debtor(s), the above-disclosed fee does not include the following some Representation of the debtors in any dischargeability actions, relief dismissal motions, and any other items excluded in attorney/client follocal rule.  | from stay motio   | ns, adversary proceedings,<br>xcluded by Bankruptcy Court |
|      | Fee also collected, where applicable, include such things as: Pacer each, Judgment Search: \$10 each, Credit Counseling Certification: \  |   |   |

Class Certification: Usually \$15 per client, Use of computers for Credit Counseling briefing or Financial

Managment Class: \$10 per session, or paralegal typing assistance regarding credit counseling briefing: \$75 per

session.

| In re | Dane Massenburg Williams<br>Alicia Lynette Williams | Case No. |  |
|-------|---|----------|--|
|       | Debtor(s)   |          |  |

#### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| (Continuation Sheet)   |
|--|
| CERTIFICATION  |
| t of any agreement or arrangement for payment to me for representation of the debtor(s) in   |
| /s/ R. Lee Roland for LOJTO R. Lee Roland for LOJTO 41930 Signature of Attorney The Law Offices of John T. Orcutt, PC 6616-203 Six Forks Road Raleigh, NC 27615 (919) 847-9750 Fax: (919) 847-3439 postlegal@johnorcutt.com Name of law firm |
|  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| =:::   | er en   |   |                               |                                       |                      |                                 |                     |  |                                 |
|--|---|---|-------------------------------|---------------------------------------|----------------------|---------------------------------|---------------------|--|---------------------------------|
| Fill in this info  | rmation to identify your case:  |   |                               |                                       | ieck on<br>2A-1Su    |                                 | lirected            | I in this form and   | in Form                         |
| Debtor 1   | Dane Massenburg Williams  |   |                               |                                       | ZA-130               | pp.                             |                     |  |                                 |
| Debtor 2<br>(Spouse, if filing)                                    | Alicia Lynette Williams   |   |                               |                                       | ■ 1. T               | here is no pres                 | umptio              | n of abuse   |                                 |
|  | Bankruptcy Court for the: Eastern District Exemptions)  | of North  | Carolina                      | (NC                                   | а                    |                                 | nade u              | rmine if a presun<br>nder <i>Chapter 7 I</i><br>orm 122A-2). | •                               |
| Case number  |   |   |                               |                                       |                      |                                 |                     | not apply now be   |                                 |
|  |   |   |                               |                                       |                      | eck if this is a                |                     |  | p-y                             |
| Official F   | Form 122A - 1   |   |                               |                                       |                      | 50K II 11113 13 6               | iii aiiic           | snaea ming   |                                 |
|  | 7 Statement of Your C   | ırran   | t Mor                         | othly Inc                             | ome                  | 2                               |                     |  | 12/1                            |
| Chapter  | 7 Statement of Tour C   | <u>arren</u>  | it ivioi                      | itiliy ilit                           | ,UIII                | <del></del>                     |                     |  | 12/1:                           |
| attach a separa<br>case number (it<br>qualifying milita<br>Part 1: | and accurate as possible. If two married peop te sheet to this form. Include the line number to known). If you believe that you are exempted ary service, complete and file Statement of Exemple alculate Your Current Monthly Income | o which the<br>from a pre<br>emption fr   | he additior<br>esumption      | nal information of abuse becau        | applies.<br>ise you  | On the top of a do not have pri | ny addi<br>marily c | tional pages, write<br>consumer debts o                      | e your name and<br>r because of |
|  | your marital and filing status? Check one   | only.   |                               |                                       |                      |                                 |                     |  |                                 |
| ☐ Not n  | narried. Fill out Column A, lines 2-11.   |   |                               |                                       |                      |                                 |                     |  |                                 |
| ■ Marri  | ed and your spouse is filing with you. Fil  | out both  | Columns                       | A and B, lines                        | 2-11.                |                                 |                     |  |                                 |
| ☐ Marri  | ed and your spouse is NOT filing with yo  | u. You a  | nd your s                     | spouse are:                           |                      |                                 |                     |  |                                 |
| ☐ Liv  | ring in the same household and are not le   | gally se  | parated.                      | Fill out both Co                      | lumns                | A and B, lines                  | 2-11.               |  |                                 |
| pe   | ring separately or are legally separated. Fenalty of perjury that you and your spouse aring apart for reasons that do not include eva   | e legally   | separated                     | d under nonbar                        | nkruptcy             | / law that appli                | es or th            |  |                                 |
| 101(10A). For<br>the 6 months                                      | verage monthly income that you received from or example, if you are filing on September 15, the 6s, add the income for all 6 months and divide the to a the same rental property, put the income from the                             | 6-month peotal by 6. F  | eriod would<br>Fill in the re | be March 1 thro<br>sult. Do not inclu | ugh Aug<br>de any ir | ust 31. If the ame              | ount of your        | our monthly incom  | ne varied during<br>le, if both |
|  |   |   |                               |                                       | Colun<br>Debto       |                                 | Debt                | ımn B<br>tor 2 or<br>-filing spouse                          |                                 |
|  | oss wages, salary, tips, bonuses, overtime eductions).  | e, and c  | ommissio                      | ons (before all                       | \$                   | 2,266.06                        | \$                  | 1,076.50   |                                 |
| Column   | <b>r and maintenance payments.</b> Do not inclu<br>B is filled in.  | . ,   |                               | •                                     | \$                   | 0.00                            | \$                  | 0.00   |                                 |
| of you of<br>from an<br>and roor                                   | unts from any source which are regularly<br>or your dependents, including child support<br>unmarried partner, members of your houseln<br>nmates. Include regular contributions from a<br>Do not include payments you listed on line 3 | ort. Includation old, your of spouse of the | de regular<br>depende         | contributions nts, parents,           | \$                   | 0.00                            | \$                  | 1,200.00   |                                 |
| 5. Net inco  | ome from operating a business, profession   | n, or far   | m                             |                                       |                      |                                 |                     |  |                                 |
|  |   |   |                               | otor 1                                |                      |                                 |                     |  |                                 |
| Gross re   | ceipts (before all deductions)  | \$_   | 0.00                          |                                       |                      |                                 |                     |  |                                 |
| Ordinary   | and necessary operating expenses  | <b>-</b> \$ _   | 0.00                          |                                       |                      |                                 |                     |  |                                 |
| Net mon  | thly income from a business, profession, or   | farm \$_  | 0.00                          | Copy here ->                          | \$                   | 0.00                            | \$                  | 0.00   |                                 |
| 6. Net inco  | ome from rental and other real property   |   | _                             |                                       |                      |                                 |                     |  |                                 |
|  |   |   |                               | otor 1                                |                      |                                 |                     |  |                                 |
| Gross re   | ceipts (before all deductions)  | \$ _  | 0.00                          |                                       |                      |                                 |                     |  |                                 |
| Ordinary   | and necessary operating expenses  | -\$   | 0.00                          |                                       |                      |                                 |                     |  |                                 |

Official Form 122A-1

0.00 Copy here -> \$

\$

0.00

0.00

\$

\$

0.00

0.00

Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

| Debtor 1<br>Debtor 2 | Dane Massenburg Williams<br>Alicia Lynette Williams   |   |                   | Case num        | nber ( <i>if known</i> ) |                                    |                     |           |
|----------------------|---|---|-------------------|-----------------|--------------------------|------------------------------------|---------------------|-----------|
|                      |   |   |                   | Column Debtor 1 |                          | Column B Debtor 2 or non-filing sp | oouse               |           |
| 8. <b>U</b> ı        | nemployment compensation  |   |                   | \$              | 0.00                     | \$                                 | 0.00                |           |
|                      | o not enter the amount if you contend that the amou e Social Security Act. Instead, list it here:   | nt received was a b                         | enefit under      |                 |                          |                                    |                     |           |
|                      | For you   | \$  | 0.00              |                 |                          |                                    |                     |           |
|                      | For your spouse   | \$  | 0.00              |                 |                          |                                    |                     |           |
|                      | ension or retirement income. Do not include any a nefit under the Social Security Act.  | mount received tha                          | at was a          | \$              | 0.00                     | \$                                 | 0.00                |           |
| Do<br>re<br>do       | come from all other sources not listed above. Sp<br>o not include any benefits received under the Social<br>ceived as a victim of a war crime, a crime against humestic terrorism. If necessary, list other sources on<br>al below. | Security Act or pay<br>umanity, or internat | ments<br>ional or |                 |                          |                                    |                     |           |
|                      | Adoption Assistance   |   |                   | \$              | 0.00                     | \$\$                               | 31.00               |           |
|                      | Contribution for Car Payment  |   |                   | \$              | 0.00                     | \$42                               | 20.01               |           |
|                      | Total amounts from separate pages, if any.  |   | +                 | \$              | 0.00                     | \$                                 | 0.00                |           |
| Part 2:              | ch column. Then add the total for Column A to the total for Column Determine Whether the Means Test Applies   |   | \$                | 2,266.06        |                          | 3,277.51                           | Total curren income | t monthly |
| 12. <b>C</b> a       | alculate your current monthly income for the yea  | r. Follow these ste                         | ps:               |                 |                          |                                    |                     |           |
| 12                   | a. Copy your total current monthly income from line   | 11  |                   | Co              | opy line 11 h            | nere=>                             | \$5,5               | 43.57     |
|                      | Multiply by 12 (the number of months in a year)   |   |                   |                 |                          |                                    | <b>x</b> 12         |           |
| 12                   | b. The result is your annual income for this part of t  | he form                                     |                   |                 |                          | 12b.                               | \$66,5              | 22.84     |
| 13. <b>C</b> a       | alculate the median family income that applies to   | you. Follow these                           | steps:            |                 |                          |                                    |                     |           |
| Fil                  | I in the state in which you live.   | NC  |                   |                 |                          |                                    |                     |           |
| Fil                  | I in the number of people in your household.  | 8   |                   |                 |                          |                                    |                     |           |
| To                   | I in the median family income for your state and size find a list of applicable median income amounts, go this form. This list may also be available at the ban   | o online using the l                        |                   | in the sep      | arate instruc            | 13.<br>tions                       | \$121,0             | 21.00     |
| 14. <b>H</b> d       | ow do the lines compare?  |   |                   |                 |                          |                                    |                     |           |
| 14<br>14             | Go to Part 3.   |   |                   |                 |                          |                                    |                     | 2.        |
|                      | Go to Part 3 and fill out Form 122A-2.  | , 5 ,                                       |                   | •               |                          | ,                                  |                     |           |

### Case 19-02725-5-DMW Doc 1 Filed 06/13/19 Entered 06/13/19 11:43:44 Page 63 of 66

| Jeblor i | Dane Massenburg Williams<br>Alicia Lynette Williams   | Case number (if known)   |
|----------|---|--|
| Part 3:  | Sign Below  |  |
| E        | By signing here, I declare under penalty of perjury t | that the information on this statement and in any attachments is true and correct. |
| X        | /s/ Dane Massenburg Williams Dane Massenburg Williams | X /s/ Alicia Lynette Williams Alicia Lynette Williams                              |
|          | Signature of Debtor 1                                 | Signature of Debtor 2  |
| Date     | June 13, 2019<br>MM / DD / YYYY                       | Date June 13, 2019 MM / DD / YYYY  |
| l1       | f you checked line 14a, do NOT fill out or file Form  | 122A-2.  |
| If       | f you checked line 14b, fill out Form 122A-2 and file | e it with this form.   |

Employment Security Commission Federal Housing Authority\*\* Avant Attn: Benefit Payment Control 222 N. LaSalle Street, Ste 1700 Department of HUD Post Office Box 26504 Chicago, IL 60601 1500-401 Pine Croft Road Raleigh, NC 27611-6504 Greensboro, NC 27407 NC Child Support Capital One Auto Finance \*\* Fortiva Card Servicing Centralized Collections Attn: Officer Correspondence Post Office Box 900006 Post Office Box 260848 Post Office Box 105555 Raleigh, NC 27675-9006 Plano, TX 75026-0848 Atlanta, GA 30348-5555 Equifax Information Systems LLC Coastal Federal Credit Union Fortiva Card Servicing P.O. Box 740241 Dispute Resolution 3039 Cornwallis Atlanta, GA 30374-0241 Research Triangle Park, NC 27709-2238 Post Office Box 105341 Atlanta, GA 30348-5341 Coastal Federal Credit Union\*\*\* Fortiva Card Servicing Experian Dispute Resolution P.O. Box 2002 Post Office Box 58429 Post Office Box 105374 Allen, TX 75013-2002 Raleigh, NC 27658 Atlanta, GA 30348-5550 Trans Union Corporation Franklin County Tax Collector CPMH P.O. Box 2000 1502 W NC Highway 54 Post Office Box 503 Crum Lynne, PA 19022-2000 Louisburg, NC 27549-0503 Suite 103 Durham, NC 27707 Credit One Bank, N.A. \*\*\*\* Internal Revenue Service (ED)\*\* Guardian Holdings In Post Office Box 7346 Post Office Box 98873 3801 Sunset Ave Philadelphia, PA 19101-7346 Las Vegas, NV 89193-8873 Rocky Mount, NC 27804 US Attorney's Office (ED)\*\* DLP Person Urgent Care, LLC ISPC aka Independent Savings 310 New Bern Avenue Post Office Box 3070 Attn: Officer 1115 Gunn Highway, Ste 100 Suite 800, Federal Building Roxboro, NC 27573-3070 Raleigh, NC 27601-1461 Odessa, FL 33556-5324 North Carolina Dept. of Revenue\*\* Lending Point Duke Health 1201 Roberts Blvd Ste 200 Post Office Box 1168 5213 South Alston Avenue Raleigh, NC 27602-1168 Durham, NC 27713 Kennesaw, GA 30144 Ally Financial \*\* Midland Mortgage Company \*\*\*\*\*\* Duke Medicine Attn: Managing Agent Attn: Officer Post Office Box 63362

Charlotte, NC 28263

Post Office Box 26648

Oklahoma City, OK 73126-6648

Post Office Box 380901

Minneapolis, MN 55438

Midland Mortgage Company \*\*\*\*\*\*
Attn: Managing Agent
Post Office Box 268806
Oklahoma City, OK 73126-8806

State Employees' Credit Union\*\*\*\*
Post Office Box 28540
Raleigh, NC 27611-8540

New Southern Loans 216 N Bickett Blvd Ste 1 Louisburg, NC 27549 United Consumer Finance Services Attn: Managing Agent 865 Bassett Road Westlake, OH 44145

OneMain Wake Pointe Shopping Ctr 11216 Capital Blvd Ste 112 Wake Forest, NC 27587 Upgrade 275 Battery Street 23rd Floor San Francisco, CA 94111

Optimum Outcomes Inc Post Office Box 48458 Oak Park, MI 48237 Wake Emergency Physicians Post Office Box 2249 Pawleys Island, SC 29585-2249

Optimum Outcomes Inc \*\* P.O. Box 58015 Raleigh, NC 27658

WakeMed Post Office Box 2090 Morrisville, NC 27560-2090

Professional Recovery Consultants \* 2700 Meridian Parkway Suite 200 Durham, NC 27713-2204

WakeMed \*\*\*
Attn: Bankruptcy Managing Agent
Post Office Box 29516
Raleigh, NC 27626

Progressive Leasing/Kay 10619 South Jordan Gateway Ste 100 South Jordan, UT 84095

Receivable Solutions, Inc. Post Office Box 1984 Southgate, MI 48195-0984

Santander Consumer USA \*\*
Attn: Officer/Bankruptcy Dept.
Post Office Box 560284
Dallas, TX 75356-0284

## **United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)**

| In re | Dane Massenburg Williams<br>Alicia Lynette Williams |                | Case No. |   |  |
|-------|---|----------------|----------|---|--|
|       | •   | Debtor(s)      | Chapter  | 7 |  |
|       |   |                |          |   |  |
|       |   |                |          |   |  |
|       | VERIFICATION  | ON OF CREDITOR | MATRIX   |   |  |
|       |   |                |          |   |  |
|       |   |                |          |   |  |

Date: June 13, 2019

/s/ Dane Massenburg Williams
Dane Massenburg Williams
Signature of Debtor

/s/ Alicia Lynette Williams
Alicia Lynette Williams
Signature of Debtor

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.